

American Optometric Association NEWSTM



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News blog
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Taking part in grand-opening ceremonies for the 3-D Vision Performance Eye Clinic, from left, Michael Duenas, O.D., AOA associate director, Health Sciences & Policy; John Dahl, senior fellow, director of education, THX Ltd.; Philip Corriveau, principal engineer, Intel Corp., and chair, 3D@Home Consortium Human Factors Steering Team; Rick Dean, senior vice president, THX Ltd., and chair, 3D@Home Consortium; Jennifer Smythe, O.D., Pacific University College of Optometry (PUCO) dean; Jim Sheedy, O.D., Ph.D., PUCO Vision Performance Institute director; AOA President Doris Carlson, O.D.; and Lesley Hallick, Pacific University president.

First 3-D vision clinic debuts to rave reviews in Oregon

Groundbreaking," the *Hollywood Reporter* proclaimed in its coverage of Pacific University's new 3-D Vision Performance Eye Clinic in suburban Portland, Ore., the first eye and vision care practice ever devoted primarily to

vision problems associated with the use of three-dimensional media technology.

Over the coming months, the first-of-its-kind 3-D vision practice could literally help bring a new dimension to eye care, eye research, and a variety of

fields within the worlds of entertainment, education, and industry, according to James Sheedy, O.D., Ph.D., who spearheaded development of the unique clinic under a partnership between the

See Clinic, page 14

Medicare bonuses, penalties continue to add up for ODs

Optometrists can now benefit from a total of four Medicare payment incentive programs, according to the U.S. Centers for Medicare & Medicaid Services (CMS):

- ❖ The Physician Quality Reporting System (PQRS)
- ❖ The e-Prescribing (e-Rx) Incentive Program
- ❖ The Electronic Health Records Incentive Program
- ❖ The PQRS Maintenance of Certification (MOC) Program

"Optometrists have been and will continue to be eligible for all of the Medicare incentive programs in 2012," said Charles Brownlow, O.D., AOA medical records consultant.

In August, the CMS accepted the American Board of Optometry (ABO) as a certification body under the PQRS Maintenance of Certification (MOC) Program, allowing optometrists with ABO certification to earn payments under the incentive program (see October AOA News).

Optometrists have been able to participate in the PQRS (originally known as the Physician Quality Reporting Initiative) since it was established in 2007. The Medicare e-prescribing program was open to optometrists when it was launched in 2009, as was the Medicare EHR incentive program when it began in January of this year.

"The AOA has worked hard to ensure optometrists have the right to participate in the incentive programs," noted AOA Advocacy Group Director Jon Hymes.

"Optometrists have already earned thousands of dollars in PQRS and e-Rx incentives during 2007-2010 and now stand to earn tens of thousands more by adding EHRs to their practices," Hymes noted.

During 2011, practitioners could earn bonuses

See Incentives, page 18



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President's Column
About those schools...

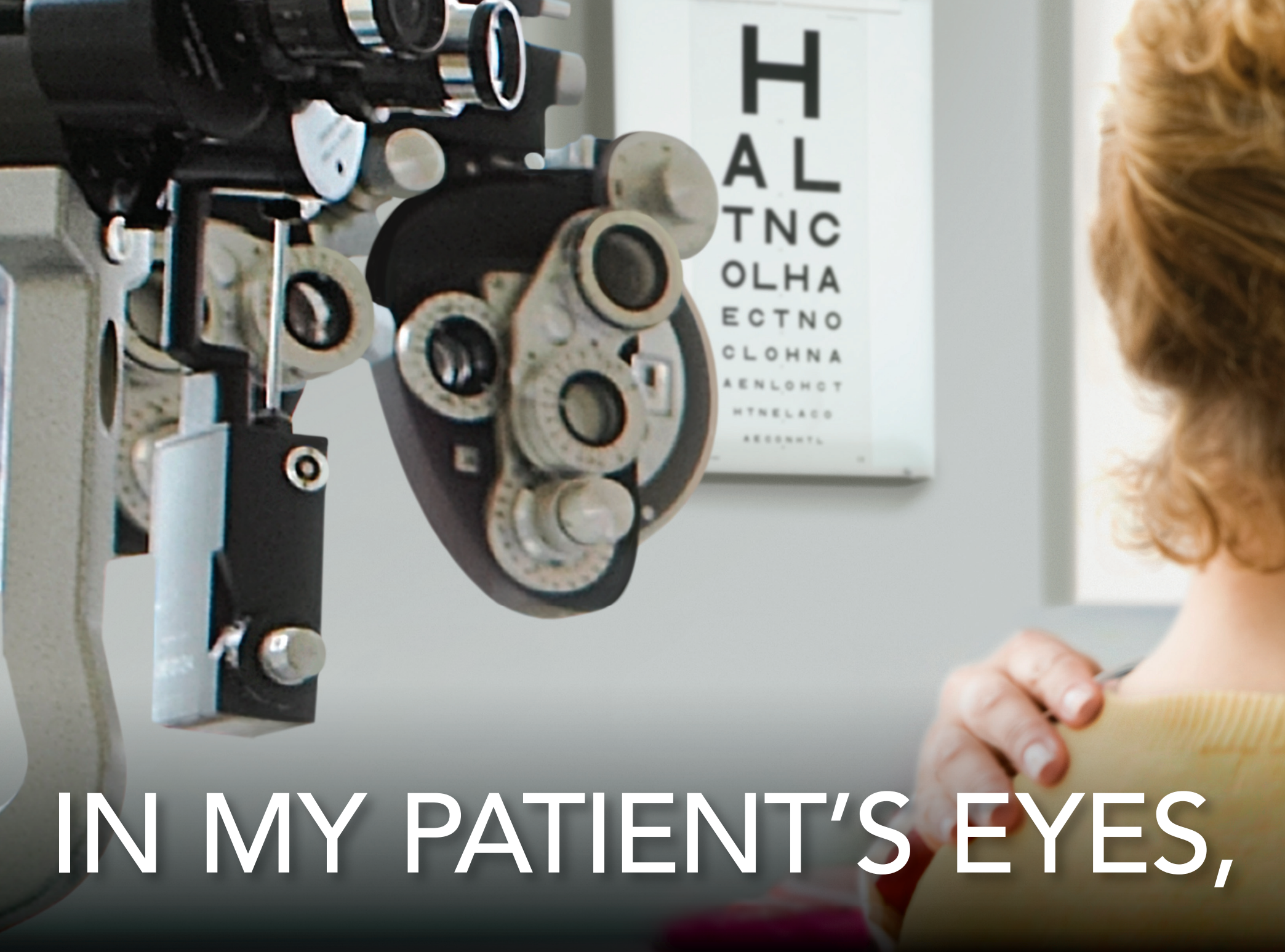


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Eye on Washington
AOA responds to threat of massive Medicare pay cuts

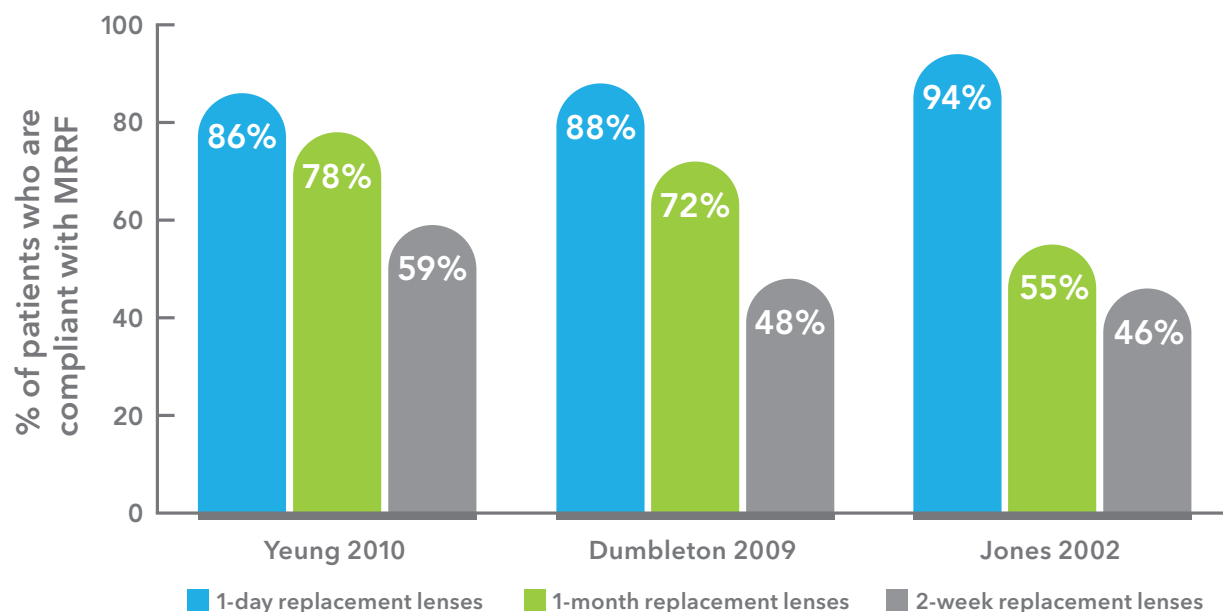


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**Compared to 2-week lenses based on subjective ratings at end of day and when lenses need replacing.

†Compliance with Optometrist-Recommended Replacement Frequency, compared to patients who are non-compliant.

References: **1.** Dumbleton K, Woods C, Jones L, et al. Patient and practitioner compliance with silicone hydrogel and daily disposable lens replacement in the United States. *Eye & Contact Lens*. 2009;35(4):164-171. **2.** Yeung K, Forister J, Forister E, et al. Compliance with soft contact lens replacement schedules and associated contact lens-related ocular complications: The UCLA Contact Lens Study. *Optometry*. 2010;81(11):598-607. **3.** Jones L, Dumbleton K, Fonn D, et al. Comfort and compliance with frequent replacement soft contact lenses. *Optom Vis Sci*. 2002;79:259. **4.** Dumbleton K, Woods C, Jones L, et al. The relationship between compliance with lens replacement and contact lens-related problems in silicone hydrogel wearers. *Contact Lens Anterior Eye* (2011), doi:10.1016/j.clae.2001.03.001. **5.** Dumbleton K, Woods C, Jones L, et al. Comfort and Vision with Silicone Hydrogel Lenses: Effect of Compliance, *Optom Vis Sci*. 2010;87(6):421-425.

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PRESIDENT'S COLUMN

About those schools...

I can't walk 10 feet at a meeting without being asked, "Dori, can we talk to you for a minute?" or have a finger being pointed in my chest, followed by, "What are you (AOA) going to do about those schools?" It makes for interesting conversations at times, and I thought I would open up that conversation to more than just those few individuals.

Optometry has been going through an evolutionary growth spurt, as well as procuring some highly visible promotion of the profession. In the September 2011 issue of *Forbes*, optometry was highlighted as one of the top earners for the next decade and as one of the top 10 most desirable professions. In 2010, Kiplinger tagged optometry as one of the top 13 professions for the next decade. And in 2011, *U.S. News & World Report* reported optometry was one of the 50 best careers for 2011 and should be strong over the next decade.

Despite the positive things being said about our wonderful profession, there is a pervasive belief that there are too many optometrists. There is also a fear that the opening of new optometry schools might reduce the number of qualified applicants for our schools.

In order to separate fact from fiction, efforts are under way to collect and analyze our occupational outlook, demographics and the potential impact any

changes might have. To accomplish this, the AOA has joined with the American Schools & Colleges of Optometry (ASCO) to conduct a workforce study. The Lewin Group, a premier national health care and human services consulting firm, has been commissioned to assist in the collection and initial analysis. (See story on page 16)

There are a couple of reasons why we're doing

important to look at the future health of the profession. The AOA and ASCO have also joined together to look at ways to increase the number of highly qualified applicants to optometry schools.

To gain some further insights, I did some investigating on my own on professions such as dentistry and physician assistants (PAs). As there have been comments made about den-

While expressing concern about a perceived oversupply of optometrists is important, it is equally important to look at the future health of the profession.

this.

This initiative will create an extensive database, containing information from optometrists and ophthalmologists, to create an accurate picture of the number of eye care providers in the United States.

The initiative will also create the ability to forecast the demand for eye and vision care in the future and provide knowledge for all parties to better serve patients as the profession changes throughout the years.

We hope that such data will be used as a resource for key decision makers who may be considering opening new schools in the future.

While expressing concern about a perceived oversupply of optometrists is important, it is equally

important to look at the future health of the profession. I recently spoke to staff at the American Dental Association (ADA). What I learned is that the ADA had no part in closing any schools, as that would have been considered restraint of trade. Seven schools did in fact close between 1986 and 2001.

While the closings were for a variety of reasons, the comment was made that running a dentistry program is expensive, so economics played a part in those decisions.

However, it is interesting to note that since 2002, eight schools have opened – three of them in the last year.

The September 2011 issue of the *ADA News* also talks about three more schools slated to open in the next couple of years.

The Accreditation



Dr. Carlson

Council on Optometric Education (ACOE) is the accrediting body for all schools and colleges of optometry, as well as optometric residency programs and optometric technician programs.

The ACOE, recognized by the U.S. Department of Education, serves the public by establishing, maintaining and applying standards to ensure the academic quality and continuous improvement of optometric education that reflects the contemporary practice of optometry.

It uses a template of standards that meet U.S. Department of Education guidelines, which gives guidance to programs without being restrictive.

"And what about those physician assistant programs?" you ask.

Some have wondered if the PA programs are slowing down the accreditation of any new programs, and question if optometry should do the same. Physician assistants currently have approximately 140 existing

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THE SOUTH JERSEY EYE CENTER
*Mobile Sight Saving and
Eye Health Education Program*



Eye Care for Underserved Populations

A 34-foot Mobile Vision Clinic made 3-hour site visits in neighborhoods of Camden, New Jersey, ranked one of the poorest cities in the nation.

The project's goal was to bring vital refractive, glaucoma screenings and follow-up services to eye care services for the poor, working poor, uninsured and underinsured families.

The South Jersey Eye Center collaborated with New Eyes for the Needy, the City of Camden, the International Association of Lions Clubs of District 16C, and the Jay Frank Parmly Trust to make this outreach possible.

Of the more than 600 served, 300 received comprehensive follow-up examinations and about 200 were provided with prescription eyewear and glaucoma treatment services.



Children waiting
to have their
eye exam!



Good eye health
leads to better
productivity and more
meaningful lives.



CMS moves to expand utilization of comprehensive primary care practices

The U.S. Centers for Medicare & Medicaid Services (CMS) is launching a new Comprehensive Primary Care Initiative to encourage development of 24-hour-a-day, seven-day-a-week health care practices that the agency hopes will offer a spectrum of well-coordinated, high-quality, “patient-centered” primary care services in a cost-effective manner for businesses, individuals, and government health plan enrollees.

Comprehensive primary care (CPC) practices are already used by a number of for-profit and not-for-profit insurance plans, Medicaid and State Children’s Health Insurance Programs (SCHIP), and employers around the nation to improve health care outcomes while reducing costs, according to the CMS.

Proponents say the practices improve outcomes and efficiency by coordinating the

efforts of all the patient’s health practitioners and by offering convenient, on-demand care. The active involvement of patients and family in care is encouraged. Practitioners are encouraged to counsel patients on health care choices. Health information technology is used to monitor the effectiveness of care.

The CMS will not require optometrists be included on the provider panels for federally funded CPC practices. However, optometrists across the nation may find CPC practices offer opportunities to provide care and may wish to monitor, or participate in, the development of such practices to ensure access to patients, the AOA Clinical and Practice Advancement Group notes.

Optometrists can participate as providers in CPCs, the AOA Advocacy Group notes. While the CMS rules do not require CPC organiz-

ers to include optometrists on their provider panels; the emphasis on access to a full range of primary care services could effectively serve to encourage it, the AOA Advocacy Group observes.

The CMS rules do not

model, according to the CMS.

Group Health Cooperative of Puget Sound, a consumer-governed, non-profit health care system that coordinates care and coverage for 600,000 residents of

try, found that increasing the use of primary care doctors translated into a 17 percent reduction in costs for established patients in the course of one year, according to the CMS.

Under the new Comprehensive Primary Care Initiative, the CMS will pay primary care providers for implementing the initiative’s comprehensive care management strategies, in the hopes of making the CPC model widely available to small and large employers, individuals, state Medicaid plans and SCHIP programs across the nation.

“CMS will look to collaborate with other payers in local markets who will commit to similar changes to how they engage primary care practices,” the agency says.

After two years, practices will be offered the chance to share in any savings they generate for participating businesses, insurance plans, or government programs.

Comprehensive primary care practices differ from traditional doctors’ offices in a number of respects, CMS officials emphasize. Practices must specialize in managing care for “high needs” patients with serious or multiple medical conditions to ensure they are getting the care or medications they need, the agency says.

PCP practices must be accessible 24-hours-a-day, seven days a week and be ready to handle patients’ health care emergencies.

Preventive care is emphasized. Patients – and their caregivers – are encouraged to be “active participants” in care and personally engaged in developing treatment programs that precisely meet their needs. Use of electronic health records and “personal patient tools to provide real-time health

Optometrists can participate as providers in CPCs, the AOA Advocacy Group notes.

allow an optometrist to lead development of a federally funded CPC practice.

Among the health care organizations already utilizing CPC practices is Community Care of North Carolina (CCNC), the managed care network that serves the state’s Medicaid population. CCNC has decreased preventable hospitalizations for asthma by 40 percent and lowered visits to the emergency room by 16 percent using the CPC practice

Washington state and Idaho, reduced emergency and urgent-care visits by 29 percent and hospital admissions by 6 percent using the CPC model, according to the CMS.

Geisinger Health Plan, which covers 270,000 beneficiaries in central and northeast Pennsylvania under PPO and self-funded business plans, reduced hospital admission rates by 18 percent and readmissions by 36 percent per year.

“Employers across the country have found that with health coverage policies that emphasize primary care, coordinated care, and other strategies that keep their employees healthy, they not only support a healthier workforce, they create a healthier bottom line,” the CMS said.

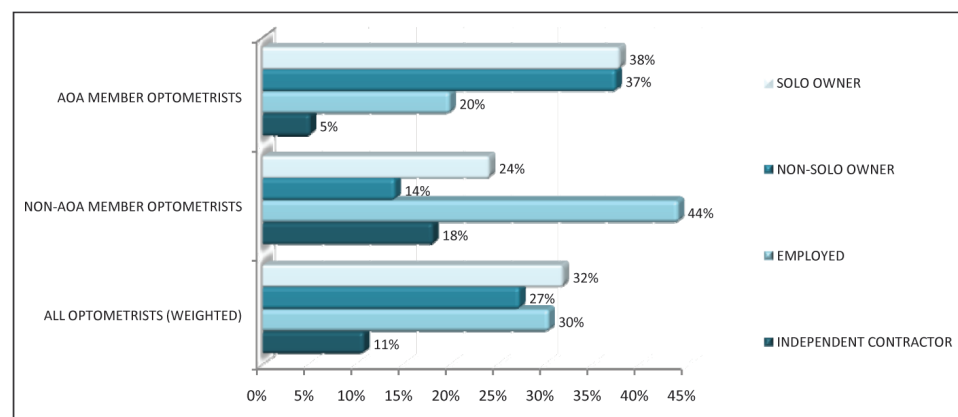
Wisconsin-based Quad Graphics maintains a system of five CPC practices, on or near its major printing facilities, to provide nearly all primary care services for the company’s employees, retirees, and dependents. The clinics have not only cut company health costs by a quarter but improved patient satisfaction ratings and reduced both emergency room visits and hospitalization rates, according to the CMS.

Reston, Va.-based Comprehensive Health Services, the nation’s largest independent provider of onsite health care for indus-

OPTOMETRY FACTS IN FOCUS

According to a recent AOA survey of optometrists, three-fourths (75%) of AOA member optometrists own all or a portion of their primary practice compared to only 38% of optometrists who are not AOA members. The majority (44%) of non-AOA member optometrists reported their 2010 employment situation was as an employee. 59% of all responding optometrists were owners in a primary practice and 41% were non-owners.

Employment Situation of Responding Optometrists by AOA Membership Status, 2010 (Weighted)¹



Source: AOA Research & Information Center, 2011 Survey of Optometric Practice. RIC@aoa.org

The 2011 Survey of Optometric Practice: Income from Optometry Executive Summary will be available for free download in late November, 2011. Visit the Research & Information web page for more information.

¹ A weight was calculated for member and non-member optometrists to bring the proportions found among the respondents in line with those found in the actual population and survey frame.

See CPCs, page 17

*For optometrists,
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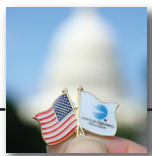
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AOA responds to threat of massive Medicare pay cuts, ODs, students make voices heard on Capitol Hill

As the AOA responds directly to the threat of massive Medicare pay cuts, individual ODs and optometry students from across the country have been weighing in with lawmakers and are increasingly making their voices heard on Capitol Hill and throughout the nation's capital.

The focus of the AOA's direct advocacy efforts as well as the grassroots campaign launched by thousands of doctors and students is the threat of a series of massive cuts to Medicare payments as a result of continued reliance on Medicare's Sustainable Growth Rate (SGR) formula as well as an emerging risk from ongoing deficit reduction negotiations on Capitol Hill.

After successfully convincing Congress to implement multiple delays in 2010 and to approve a deal to avert a nearly 25 percent cut in 2011, ODs and other physicians are now facing the threat of the largest Medicare pay cut to date. Without corrective legislative action, Medicare physician payments are scheduled to be slashed by nearly 30 percent starting Jan. 1, 2012.



Roger Jordan, O.D., chair of the AOA Federal Relations Committee and Rep. Cynthia Lummis (R-Wyo.) of the U.S. House Appropriations Committee.

Over the last year and a half, after Medicare cuts were actually imposed for a time, the AOA warned lawmakers that some OD practices were forced to seek loans to make payroll and other expenses while others began to delay or rethink investments aimed at improving patient care and easing costs. Now, the AOA is squarely focused on ensuring that Congress finds an equitable solution to this largest round of cuts yet, which could prove disastrous for patients and providers.

Answering the AOA's call to action, doctors and students have been increasingly reaching out to their U.S. senators and representatives by logging in to the AOA's Online Legislative Action Center at www.aoa.org/x4821.xml and urging their elected leaders to fix the broken Medicare payment system and work with the AOA to preserve seniors' access to the vision and eye health care they need and deserve.

In addition to the planned cuts as a result of the SGR formula, the AOA is also responding to the possibility of even further cuts as a result of the new congressional deficit-cut-

ting "super committee." As outlined under the debt ceiling agreement approved earlier this year, the new bipartisan panel has been charged with finding \$1.2 trillion or more in deficit reduction over a 10-year period.

Chaired by Sen. Patty Murray (D-Wash.) and Rep. Jeb Hensarling (R-Texas), the super committee held its first meeting in early September and is expected to produce a draft proposal within weeks. As the panel works toward developing its recommendations, the AOA fully

expects that federal health programs – and specifically payments to Medicare physicians – will be eyed as a potential source for federal savings.

The new super committee has until Nov. 23 to sign-off on a plan to cut at least \$1.2 trillion from future budget deficits, which both the U.S. House and Senate must approve by Dec. 23 to prevent a backup trigger scenario. In the event that the super committee fails or the group proposes a plan too small, the law would automatically impose cuts of up to \$1.2 trillion across most government sectors. The annual hit to ODs and other doctors could be \$10 billion to \$15 billion per year.

Under either a negotiated deal or a trigger scenario, the AOA is working to ensure that payments to ODs are not unfairly targeted and that Congress finds an equitable and lasting solution. The AOA will continue working with leaders on Capitol Hill to make clear the essential role that ODs play in ensuring the health of America's seniors and in preventing costlier interventions down the road.

With no shortage of scenarios that could mean massive pay cuts to ODs and other physicians, the AOA is urging doctors and students to convey to lawmakers the impact that Medicare pay cuts could have on patients and practices. Deadlines for congressional action are just weeks away and the ability of every OD to provide high-quality vision and eye health care hangs in the balance.

ODs and students are urged to visit the AOA's Online Legislative Action Center at <http://www.aoa.org/x4821.xml> and let lawmakers on Capitol Hill know the impact that massive Medicare pay cuts could have on patients and optometry practices.

For more, contact the AOA Washington office at: 800-365-2219 or e-mail ImpactWashingtonDC@aoa.org. To watch powerful video highlights from AOA's recent celebration of the 25th anniversary of optometry's full

inclusion and recognition in the Medicare program, visit www.youtube.com/watch?v=p1HW1184Gyw.

To learn more about the deficit-cutting super committee, visit <http://deficitreduction.senate.gov/public/>.



Washington office Director Jon Hymes and Sen. Ben Nelson (D-Neb.) of the U.S. Senate Appropriations Committee.



Alicia Kerry Jones of the AOA Washington office and Speaker of the U.S. House of Representatives Rep. John Boehner (R-Ohio).



Matt Willette of the AOA Washington office and Sen. John McCain (R-Ariz.) of the U.S. Senate Health Committee.

Half of online eyeglasses fail Rx or safety specifications

People who purchase prescription eyeglasses online, in many cases, are not getting the products they ordered, according to a new study by a panel of eye care researchers and eyewear industry experts.

Nearly half of prescription eyeglasses sold directly to consumers online either do not meet prescription specifications or fail accepted safety standards, according to "Safety and compliance of prescription spectacles ordered by the public via the Internet," a study in the September edition of *Optometry: Journal of the American Optometric Association*.

In many cases, eyewear is shipped with features the purchaser did not want or without features the purchaser ordered, the study finds.

The study, conducted by Karl Citek, O.D., Ph.D., of the Pacific University College of Optometry, with a team representing virtually all major eyewear industry and standards-setting organizations, found:

- ❖ More than one in every five pairs of eyeglasses sold online was not delivered as ordered, with features added or omitted.
- ❖ In more than one in four (28.6 percent) of the eyeglasses, one or both lenses were out of tolerance with at least one important parameter of an optical prescription.
- ❖ In almost a quarter (22.7 percent), one or both lenses failed the U.S. Food and Drug Administration's (FDA) impact-resistance requirement.
- ❖ About one in every 16 pairs of eyeglasses sold online failed tests for both adherence to prescription specifications and safety, and
- ❖ Overall, some 44.8 percent of spectacles failed to meet either prescriptions specifications or impact-resistance requirements.

The researchers received and evaluated 154 pairs of spectacles, consisting of 308 lenses. The eyewear was obtained when 10 individuals

ordered two pairs of spectacles from each of 10 of the nation's most popular Internet vendors, totaling 200 eyewear orders.

Spectacles ordered consisted of ranges of lens and frame materials, lens styles, and refractive corrections reflecting current distributions in the United States.

Evaluations included measurement of sphere power, cylinder power and axis, add power (if indicated on the prescription), horizontal prism imbalance, and

In this manner, the active, personal, "hands-on," dispensing process could protect the patient from spectacles that might not meet applicable requirements," Dr. Citek wrote in his summary of the study.

"From a manufacturing perspective, it can be labor- or cost-prohibitive to create products with 100 percent accuracy or 100 percent quality control pass rate," said Daniel Torgersen, technical director for the Optical Laboratories Association

for impact resistance, notes study co-author Robert Rosenberg, O.D., a State University of New York State College of Optometry professor who, like Torgersen, has helped to develop industry standards as a member of the ANSI Z80 Committee.

A 1999 OLA study found approximately 25 percent of the eyeglasses manufactured by laboratories for the traditional dispensing model fail tolerance for at least one optical parameter, a

wear to online vendors.

"The results of this study show that regardless of cost, spectacle eyewear ordered without the benefit of a dispensing process can come with significant risk of error in providing the correct type of lenses needed or ordered," the researchers concluded.

"It is common practice for eye care practitioners to educate their patients as to the need for an accurate prescription and proper fitting, especially with eyewear incorporating progressive addition lenses, safety lenses, or other specialty parameters, and they can advise their patients who are considering purchasing eyewear online to check the vendor's return policy and costs," the researchers note.

Eye care practitioners in the United States are prohibited from placing waivers or disclaimers of liability on the prescriptions they write, which includes making recommendations, both for and against, where a patient should have the prescription fulfilled, the researchers emphasized.

However, doctors can verify the optical properties of eyewear received from another seller, a service the researchers encourage practitioners to continue to provide.

Unfortunately, an optometrist or optician cannot generally assess the impact resistance of the finished lenses purchased online, the researchers noted.

AOA members can conveniently access the complete study through the AOA Web site (www.aoa.org) by clicking on "Journal of AOA" on the navigation bar and entering AOA member number and password when prompted.

AOA members will then be taken, without entering further identification, to the *Optometry* Web site where, under the "Articles and Issues" tab, they can select "Past Issues" and then the September 2011 edition.

Until now, eyeglass wearers have rarely encountered the types of problems found in the survey, thanks to multiple-level product inspections in eyewear production facilities and careful checking of prescriptions in vision care practices prior to dispensing.

impact testing.

Until now, eyeglass wearers have rarely encountered the types of problems found in the survey, thanks to multiple-level product inspections in eyewear production facilities and careful checking of prescriptions in vision care practices prior to dispensing, Dr. Citek and his research team noted.

"For more than a century, the traditional channel for distribution of prescription spectacles to the public has involved trained professionals, such as opticians. Orders could be fulfilled directly, if the (eye care) practice has finishing capability, or forwarded to a manufacturing laboratory. In either scenario, lenses would be manufactured with parameters to meet impact-resistance requirements. The spectacles also would be verified to ensure that their optical properties meet the visual requirements of the prescription and that they are within acceptable tolerances. The patient then would return to the practice to receive the spectacles, where final fit adjustments of the frame could be made.

(OLA). "The ophthalmic lens industry includes not only lens and frame manufacturers but also prescribing and dispensing doctors and opticians, who often function in a final quality control capacity before a patient is actually provided with eyewear."

"We believe that the dispensing process remains a vital and necessary step in the manufacture and delivery of eyewear to best ensure the health and safety of patients who wear spectacles. Members of the public who engage in the purchase of eyewear without an active, personal dispensing process by a trained professional might not receive a product of equal performance, value, or safety," the researchers concluded.

Ophthalmic devices, such as lenses, frames or complete pairs of eyeglasses, are manufactured in line with voluntary industry standards for optical parameters and certain physical attributes (such as center thickness and base curve) established by the American National Standards Institute, as well as federal guidelines

figure comparable to the failure rate of 28.2 percent found among online eyeglass retailers.

However, a review conducted by the Optical Manufacturing Association and OLA on behalf of an ANSI Z80.1 subcommittee found the majority of optical failures in the traditional model are identified during secondary inspections before they leave the optical laboratory manufacturing site.

As a result, no more than about 2 percent are returned to manufacturers by eye care practices or optical shops after delivery.

Rigorous inspection at both the manufacturer and dispensary level is critical to trouble-free spectacle wearing, according to Jeffrey D. Endres of The Vision Council, the optical industry's dominant trade organization.

The researchers did not investigate the prevalence of secondary inspection among online eyeglass retailers.

They also did not investigate the return policies of online retailers or the amount of expense or time entailed in returning defective eye-

ABO elects new officers, updates litigation status

The American Board of Optometry (ABO) elected new officers during its 2011 Annual Meeting Oct. 12, 2011, in Boston, Mass.

The slate of new officers is as follows: Chairman Paul C. Ajamian, O.D.; Vice-Chairman James M. Vaught, O.D.; Secretary Barbara L. Reiss, O.D.; and Treasurer Robert P. Nyre, O.D.

In addition, Megan N. Moll, O.D., of Denver, Colo., was elected the new director representing the American Optometric Student Association.

David A. Cockrell, O.D., who served as the founding chairman of the ABO, stepped down as he assumes his role as secretary-treasurer of the American Optometric Association.

"I congratulate Dr. Ajamian on his election as the new chairman of the board," said Dr. Cockrell. "I am very pleased that Dr. Ajamian accepted this position. His well-known passion for our profession is equaled by his professionalism, and he is exactly the right person to move our process forward. He has exceptional organizational vision and leadership abilities that bode well for the future of the ABO and the profession of optometry."

AOS v. ABO case

During a conference held by the court on Oct. 17, the judge noted that he has disposed of nearly all of the claims asserted by the American Optometric Society (AOS) and all that remains is a narrow claim that was asserted in a recently amended complaint.

A few days earlier, the court ruled that this narrow claim is not of a nature that can be disposed of at this initial stage of the litigation, given the way the AOS drafted this narrow claim.

However, the court also


recognized in that preliminary ruling that the AOS cannot prevail in this case solely on the basis of unsubstantiated allegations and must come forward with actual

evidence to support its remaining claim.

The ABO remains confident that the AOS will not be able to produce any such evidence.


The ABO further reiterates that the narrow claim that remains in the case does not challenge any substantive elements of the ABO's program.

The work of the ABO will continue unaffected, regardless of whether the AOS continues to pursue this "pointless litigation," according to the board.



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HHS officials engage AOA staffers on meaning of health law's pediatric vision care essential benefit

Last month, the Institute of Medicine (IOM) delivered to the U.S. Department of Health & Human Services (HHS) more than 300 pages of recommended guidelines aimed at helping the federal agency make critical decisions on the scope and application of the essential health benefits package created under the Affordable Care Act (ACA).

Following the release of the IOM guidelines, HHS officials announced the launch of

the findings of the 2011 School Readiness Summit: Focus on Vision, which backed comprehensive eye exams as foundation for ensuring school readiness. The staffers also made the most of this opportunity by building upon a number of key points AOA President Doris Carlson, O.D., raised directly with HHS Secretary Kathleen Sebelius during their Aug. 23 meeting at the agency's Washington, D.C., headquarters.

The AOA made clear that America's children simply cannot afford to face another de facto or actual access to care barrier.

a "listening tour" aimed at providing an opportunity for a variety of stakeholders to make their voices heard on the design and application of the essential health benefits package. AOA Washington office staffers Rodney Peele and Matt Willette seized the opportunity to attend the first-of-its-kind gathering and weigh in with top HHS officials on key eye and vision care issues.

Overall, the ACA requires that essential benefits include a list of categories, including pediatric oral and vision care. But Congress gave the HHS the ability to determine the specifics. Until now, designing benefits has been the job of insurers and others. But the law requires insurance companies to provide at least the federally approved package if they want to sell to small businesses, families and individuals through state health insurance exchanges set to open in 2014.

On the whole, the AOA delivered remarks based on

"As doctors on the frontlines of care, optometrists understand the asymptomatic nature of many eye disorders and recognize that most childhood vision problems can be prevented or treated effectively through early detection and follow-up care," staffers said. "Conversely, delayed diagnosis and treatment can lead to vision loss, additional costly treatments, and missed learning and developmental opportunities. We simply can't afford to exacerbate these problems by denying children direct access to comprehensive eye exams and care."

The staffers also conveyed that recently the AOA led a national School Readiness Summit at which education and children's health advocacy groups representing doctors, nurses, teachers, and parents discuss the urgent need for greater emphasis on the link between healthy vision and learning and to develop a blueprint for helping the millions of American children with undiagnosed and untreated vision

problems.

Sharing the Summit's joint statement with the agency officials, the AOA made clear that more than 30 leading national organizations – including the American Federation of Teachers and the American Public Health Association – have agreed to support "comprehensive eye exams for school-aged children as a foundation for a coordinated and improved approach at addressing children's vision and eye health and as a key element of ensuring school readiness in American children."

Taking a particular interest in the AOA's remarks, the HHS panel asked the AOA representatives a series of in-depth questions, more than any other presenter at the listening session. Responding to the experts' direct line of questioning, the AOA made clear that America's children simply cannot afford to face another de facto or actual access to care barrier, as some turf-obsessed groups have recently suggested should serve as a model for the new pediatric vision care benefit.

As federal officials move toward defining pediatric vision care within the coming months, the AOA will continue pressing to ensure that essential pediatric vision care is based on the solid foundation of a comprehensive eye exam and care for our nation's children. To learn more about this issue and find out how to get involved in the fight to ensure access to comprehensive eye and vision care for America's children, visit <http://www.aoa.org/x16321.xml>.

Learn more about Dr. Carlson's in-depth meeting with HHS Secretary Sebelius by visiting the AOA's Health Care Reform Page at www.aoa.org/x16106.xml.

AOA partners with Illinois ODs to help win Medicaid physician recognition

The AOA and its state affiliate partners learned late last month that the Centers for Medicare and Medicaid Services (CMS) had approved a requested change to the Illinois State Plan for Medicaid to fully recognize optometrists as physicians under the Medicaid program in Illinois.

While Illinois ODs have always been treated as Medicaid physicians for payment purposes, optometrists would not have been able to claim the federal Electronic Health Records (EHR) incentives now being made available for Medicaid physicians without this change to the state plan.

As Congress worked in early 2009 to complete action on American Recovery and Reinvestment Act, the AOA was successful in securing full inclusion of ODs as eligible providers in the bill's \$19 billion Medicare EHR program and was able to provide a pathway for OD participation in the Medicaid EHR incentives program as well.

Now, providers whose patient base is 30 percent Medicaid or more can now claim \$66,000 under EHR instead of the \$44,000 available as Medicare providers. This will have a major impact on the Illinois Eye Institute at the Illinois College of Optometry (ICO), an organization that worked very closely with the Illinois Optometric Association (IOA) in achieving this victory and will have a positive effect on other practices that serve the Medicaid population.

Besides practices that qualify, doctors working in hospital settings, clinic settings or in qualified MD/OD settings will also receive the increased benefit. In addition, this change will make optometrists, as a profession, eligible for increased funding and participation in Federally Qualified Health Centers (FQHCs) and Rural Health Clinics throughout the state. Instead of the Medicaid rate, doctors practicing in these locations will be eligible to receive the encounter rate for the facility in which they work.

Illinois joins Kentucky in successfully amending its state plan, and several states are actively working to make this change as well. The AOA will continue assisting affiliates in the quest to secure greater OD participation in Medicaid EHR incentive program.

For materials on this important topic and to learn more about how you can become more involved in helping even more states recognize the important role ODs play in the delivery of health care, contact Brian Reuver of the AOA Washington Office at 703-837-1343 or via email at breuver@aoa.org.

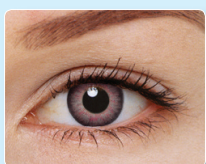




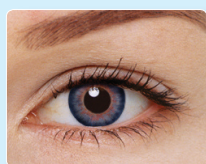
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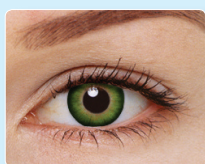
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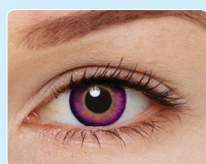
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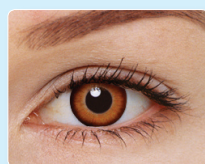
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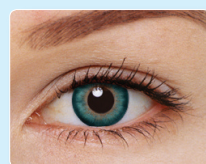
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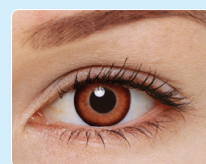
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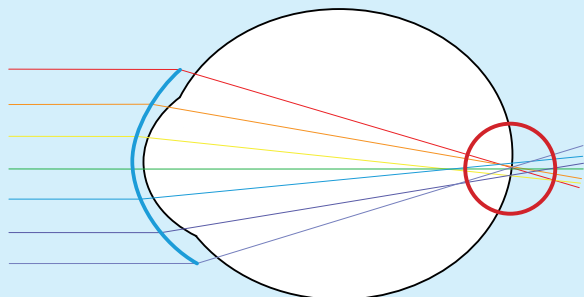
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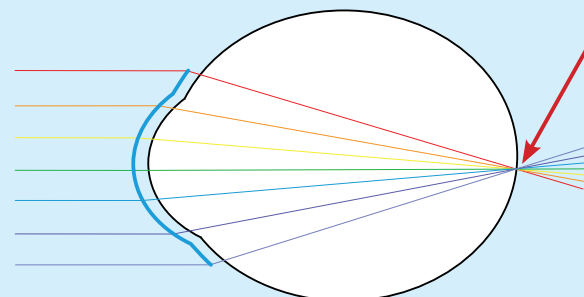
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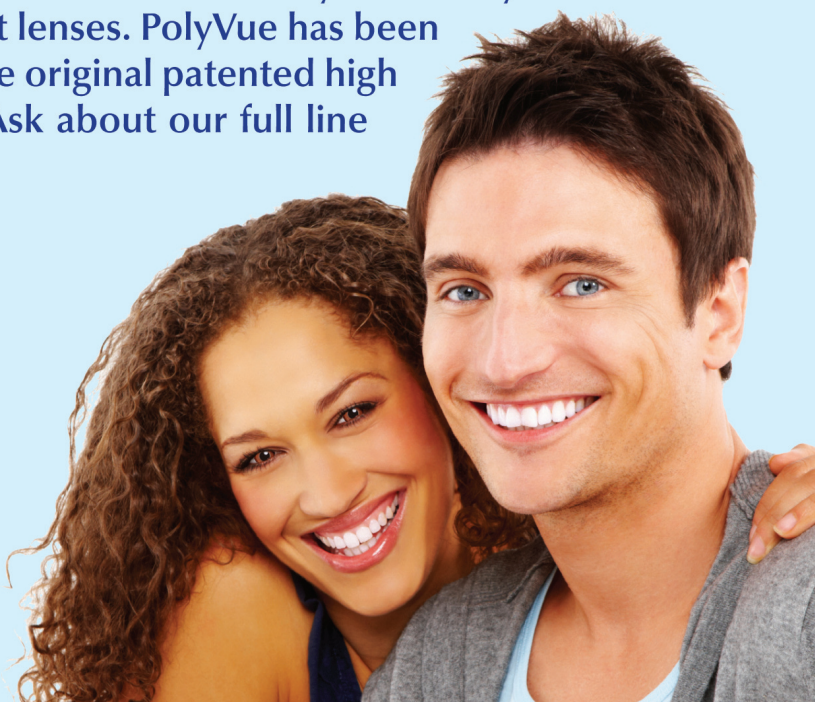
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Clinic

from page 1

Pacific University College of Optometry (PUCO) and its Vision Performance Institute with primary support from the San Rafael, Calif.-based entertainment technology standards organization, THX Ltd.

“This is the first facility in the world dedicated specifically to addressing 3-D stereoscopic viewing challenges,” said Rick Dean, senior vice president, THX

vision. The clinic will also conduct research that will further enhance care for 3-D stereoscopic viewing challenges in the future and help to develop industry standards that will be used to improve 3-D programming, equipment and real-life applications for consumers to enjoy and benefit from.”

Some 3 million Americans have eye or vision problems that prevent

will use the data collected at the facility for its continued efforts to create information useful to the advancement of stereoscopic 3-D science for entertainment, education, desktop and commercial applications.

The Oct. 6 clinic opening, in the upscale suburban shopping district of Beaverton, Ore., drew coverage in a variety of technology-oriented Web sites that generally feature reviews of new electronic “gadgets,” Dr. Sheedy noted. However, the 3-D clinic is far more than a novelty, he emphasized.

Developed as part of Pacific University’s vision clinic system, the 3-D Vision Performance Eye Clinic is a full-scope optometric practice that places primary emphasis on providing adults and children with advanced binocularity and stereopsis testing in the course of comprehensive eye examinations, Dr. Sheedy said. To facilitate the diagnosis of vision problems related to three-dimensional media, testing is performed in a unique 3-D “theater for one,” with \$40,000 in THX-certified equipment, which was sourced and installed by the company.

“3-D displays offer other unique visual challenges such as unusual binocular challenges and disorientation,” Dr. Sheedy noted. “Testing of special vergence and stereoacuity skills and sensitivity to visually driven vertigo are therefore important.”

For patients diagnosed with 3-D related vision problems, the clinic offers a range of treatments and corrective options from specialized eyewear to vision therapy.

“Treatment is tailored to the symptoms, visual conditions, and needs of the patient,” Dr. Sheedy emphasized. “Good refractive care and ensuring ocular health are critical first steps in providing care.

See Clinic, next page

“The clinic will also conduct research that will further enhance care for 3-D stereoscopic viewing challenges in the future and help to develop industry standards that will be used to improve 3-D programming, equipment and real life applications for consumers to enjoy and benefit from.”

Ltd. and chair, 3D@Home Consortium. “The ‘3 Ds of 3-D viewing’ – discomfort, dizziness and lack of depth – prevent millions of people from enjoying 3-D motion pictures, television programming and video games, or benefitting from a growing range of additional, practical applications for 3-D technology. This facility will directly help them by providing the best diagnosis and treatment for eye coordination problems affecting 3-D

them from properly viewing 3-D media, according to the AOA Clinical and Practice Advancement Group.

The AOA and the 3D@Home Consortium, an entertainment industry and consumer electronics organization, support development of the clinic and associated projects under their joint 3-D Memorandum of Understanding, entered into earlier this year.

3D@Home’s Steering Team 5 on Human Factors



A visitor to the clinic experiences 3-D using glasses.



Jennifer Smythe, O.D., Pacific University College of Optometry (PUCO) dean, prepares to cut the grand-opening ribbon.



Rick Dean, senior vice president, THX Ltd., and chair, 3D@Home Consortium, speaks about helping those dealing with the 3 Ds of 3-D viewing.



Dr. Smythe addresses the crowd gathered to celebrate the grand-opening of the 3-D clinic.

Clinic designed as prototype for OD practices, research network

The AOA Clinical and Practice Advancement Group hopes the Oregon clinic will serve as the prototype for similar 3-D facilities in optometric practices across the nation, according to Michael Duenas, O.D., AOA associate director of Health Sciences & Policy.

"All ODs should consider setting up at least a mini 3-D clinic within their offices," Dr. Duenas said.

Dr. Duenas believes demand for 3-D vision services in optometric practices could increase sharply over the coming months as movie studios release a new wave of planned 3-D "blockbusters" and several manufacturers plan to introduce 3-D eye-wear for sale through eye care practices.

Sony, a major manufac-

turer of 3-D projection equipment, recently announced it will no longer offer complimentary, disposable 3-D eye-wear to client theaters for distribution to moviegoers.

observed. Many architects and engineers are already using 3-D software in their offices. Applications of 3-D technology for medical imaging and control of manufac-

of practical experience in the fields of binocular and stereoscopic vision," Dr. Duenas noted.

To further develop that body of knowledge, the new

develop technologies and techniques that enhance the consumer's entertainment experience, as well as experience in other relevant aspects of the technology, this research data will be used by THX in the development of industry standards for 3-D motion pictures, videos, audio equipment, computer game software, 3-D displays and other uses of the technology.

Originally a subsidiary of film director George Lucas' Lucasfilm studio, THX has for nearly 30 years set industry-wide audio and video performance standards for movie theaters, screening rooms, home theaters, audio equipment, gaming consoles and car audio systems. It was originally established to find a way to improve cinematic sound production and enhance the way moviegoers experience feature films to coincide with the release of Lucas' "Star Wars: Episode VI: Return of the Jedi" in 1983.

"Today THX Certified

See Exam rooms, page 19

"Optometry is the only health care profession with a library of research and history of practical experience in the fields of binocular and stereoscopic vision."

Moreover, Dr. Duenas believes demand for 3-D vision care will continue to grow steadily over the coming years as 3-D technology is increasingly introduced in academic, health care, and industrial settings. Three-dimensional learning software programs are already being introduced in classrooms around the nation, Dr. Duenas

turing processes are rapidly being introduced to market, Dr. Duenas said.

"Emphasis on 3-D vision care could offer a very effective way to assist individuals in getting the optometric care that they may have needed for a long time," Dr. Duenas said.

"Optometry is the only health care profession with a library of research and history

3-D Vision Performance Clinic is launching an unprecedented, long-range research program, said James Sheedy, O.D., Ph.D., Pacific University College of Optometry Vision Performance Institute director.

"Patient data, carefully tracked in a custom-developed records system, will be used to develop a research base on how the human visual system perceives 3-D media, new tests for 3-D-related vision problems, and advances in treatment," Dr. Sheedy said. The comprehensive data will be carefully analyzed for use in published studies, he said.

As THX continues to

Clinic,

from previous page

"Optical prescriptions including refractive power and/or prism can optimally treat many patients," Dr. Sheedy said. "However, many patients are best treated with visual training to enhance their binocular vision status.

"Some patients will be treated to eliminate symptoms; others – such as video gamers – will be treated to enhance visual function in order to maximize performance," Dr. Sheedy said.

Patients are also counseled regarding the environments in which they view

3-D media and how the 3-D environment may be related to symptoms, Dr. Sheedy said.

The clinic's professional staff, headed by James Kundart, O.D., consists entirely of optometrists residency-trained in binocular vision.

Numerous THX partners and other vendors, including Intel, Nike and Planar Systems, were instrumental in contributing to the project.

"THX provided its proficiency and advice in building the 3-D movie theater, recruited a variety of A-list

technology partners to donate THX-certified equipment and managed calibration of the room to produce a unique, world-class 3-D research facility," Dr. Sheedy said (see box below).

Additional information, including the AOA and 3D@Home Consortium report, "3D in the Classroom: See Well, Learn Well," can be found on the AOA Web site 3-D Vision and Eye Health Page (www.aoa.org/3D).

AOAConnect offers a 3-D discussion group (<http://connect.aoa.org>).

3-D Vision Performance Eye Clinic 'theater for one' equipment list

- ❖ Atlantic Technology system 4200 7.1 Surround Speaker System (THX-certified)
- ❖ Chief LTAU Flat Panel Mount
- ❖ Chief RPMAU Video Projector Mount
- ❖ JVC DLA-RS50U Professional 3-D Video Projector (THX-certified)
- ❖ LG 50PZ950 50" 3-D Flat Panel Display (THX-certified)
- ❖ Onkyo TX-NR1009 7.1 Channel Audio Video Receiver (THX-certified)
- ❖ Onkyo BD-SP809 Blu-ray Disc Player (THX-certified)
- ❖ Stewart Filmscreen 90" StudioTek 130 Automated Projection Screen (THX-certified)
- ❖ Universal Remote Control MX-450 Fully Programmed RF Remote Control



Ken Eakland, O.D., Pacific University College of Optometry associate dean of clinical programs, in the 3-D Vision Performance Eye Clinic's "theater for one."

AOA, ASCO, Lewin join forces for definitive study of supply, demand in eye care workforce

Efforts by the AOA, the Association of Schools and Colleges of Optometry (ASCO), and one of the nation's most respected health care research firms are now under way to produce a comprehensive portrait of supply and demand for eye and vision care in the United States.

The study is intended to provide a comprehensive resource document that lawmakers and administrators can use in establishing public- and private-sector health care policy over the coming decades.

According to Randolph Brooks, O.D., chair of the AOA-ASCO Optometry Workforce Project Team, the new AOA-ASCO Optometry Workforce Study will provide objective data and analysis on the current status of the eye care market in the United States as well as a flexible model to predict changes in supply and demand in the future. A first-of-its-kind comprehensive data base of all practicing eye care providers in the

United States will be developed in conjunction with the study.

"It is critical that this study be recognized by lawmakers and policy experts as

coming years," noted AOA President Dori Carlson, O.D. "It is important, at this time, to accurately assess present and future demand for eye and vision care and assess

numerous reports for U.S. Department of Health & Human Services entities such as the Agency for Healthcare Research and Quality (AHRQ), Centers for

research organization, Abt Associates, Inc.

That report was compiled well before the enactment of federal health care reform legislation, the rise of the diabetes epidemic, and serious calls for Medicare cuts, Drs. Brooks and Alexander note.

The AOA-ASCO project team officially began work on the new study in October.

A multidisciplinary team, consisting of an economist, a public health researcher, a statistician, a software developer and several policy analysts has already been assembled by The Lewin Group to work on the project.

"Collectively, the team offers extensive experience in health care workforce research, disease burden analysis, and statistical model development," Dr. Brooks said.

The new study is to be completed by fall of 2012, according to the project team. The planned database of practicing U.S. eye care providers is to be completed about the same time.

The database will provide accurate data on not only the number of eye care providers in the nation but their distribution, demographics, the services and products they offer, and the manner in which they practice.

Such information will be essential when formulating policy on a range of issues from health care access to specific rules on the mix of health care professionals required on the provider panels for new health care models, they said.

The database will be continuously updated, they emphasize.

Additional information on The Lewin Group can be found on the firm's Web site (www.lewin.com). Additional information on the study will be posted on the AOA Web site (www.aoa.org).

"Our intent is to provide a resource that will be widely accepted by lawmakers and health policy experts and can be relied on as a basis for health care policy decisions in both the public and private sectors."

the definitive assessment of supply and demand for eye and vision care in the U.S. over the foreseeable future," said ASCO President Kevin Alexander, O.D., Ph.D., who represents the association on the project team. "Our intent is to provide a resource that will be widely accepted by lawmakers and health policy experts and can be relied on as a basis for health care policy decisions in both the public and private sectors."

"Eye health and good vision are widely expected to take on renewed importance as health care issues over the

the ability of optometry to meet that demand."

The Lewin Group, widely recognized as the "gold standard of health care policy research organizations," has been retained to conduct the study in cooperation with ASCO and the AOA Advocacy Group, Dr. Brooks said. Headquartered in Falls Church, Va., The Lewin Group is highly respected for providing public and private sector entities with objective policy analysis and research on health care reform and health workforce.

Their company Web site outlines extensive policies and procedures used to ensure the objectivity and reliability of its studies. The Lewin Group deals only in data and analytical reports; the company does not advocate for policies, programs or legislation, the Web site emphasizes.

Republicans and Democrats – from health care reform proponent Sen. Ron Wyden (D-Ore.) to reform critic Sen. Bob Bennett (R-Utah) – frequently cite Lewin Group reports. House Republican Whip Eric Cantor (R) often cites Lewin Group data, noting the organization is "nonpartisan."

Considerable health care policy is already based on Lewin Group reports, the AOA-ASCO Optometry Workforce Project Team noted.

The firm has authored

Medicare & Medicaid Services (CMS), Center for Disease Control and Prevention (CDC), and National Institutes of Health. It has also studied issues for influential foundations such as the Robert Wood Johnson Foundation, Commonwealth Fund, and Heritage Foundation.

Changing environment

The new workforce study is intended to provide accurate projections of eye care supply and demand in a rapidly changing health care environment, Drs. Brooks and Alexander said.

Federal health care reforms (which mandate an array of new care and payment models), proposed reductions in Medicare and Medicaid funding, the aging of the U.S. population, rapidly increasing incidence of type II diabetes and other systemic health conditions, increased use of computers and other electronic devices, and the development of new eye care treatments are among the many factors that could affect supply and demand for eye and vision care over the coming years, they note.

The AOA last formally studied eye care supply and demand in 1999 with its Workforce Study of Optometry, prepared by the Cambridge, Mass.-based

President,

from page 4

programs with about 40 new programs in the pipeline, so they have an entirely different situation.

Furthermore, any accrediting agency is subject to restraint of trade laws, so delaying the accreditation of new programs solely to limit the number of schools would subject that agency to potential legal action. The PA programs may just be purely overwhelmed.

At a recent meeting, I had several people tell me of more newly proposed schools with much speculation.

As of Oct. 14, 2011, only one new school was

officially working through the accreditation process.

Rest assured the AOA is looking at the issues and is in communication with both ASCO and ACOE. Our main concern is producing highly qualified new graduates who will be able to meet the needs of our patients in the years to come.

Now, perhaps I can walk 20 feet without being asked, "What are you going to do about those schools?"



Dori Carlson, O.D.
AOA president

NH optometrist aided after Hurricane Irene damage

With the help of Optometry's Fund for Disaster Relief, one New Hampshire practitioner is recovering from damage sustained during Hurricane Irene in August.

"A lot has happened in the last six weeks," said Richard Stegen, O.D., of North Country Eye Care Associates in West Lebanon, N.H.

Dr. Stegen received a call from his landlord on Aug. 28 telling him not to worry about coming to the office the next day as it was now "under water."

"I was able to get to the office the next day to find that there had been slightly over a foot and a half of water in the office that had by then receded," Dr. Stegen said. "I was not allowed into the structure until the next day, when I found that there was significant, but apparent-

ly no structural, damage."

Dr. Stegen had recently purchased the optometry portion of the business and had

the EHR database) were beyond recovery."

A large portion of dry-wall needed to be removed,

September. I have had to connect to my home office computer database to enter patient data, which is not

assist optometrists whose practices and/or homes are damaged by natural disasters.

Several other AOA members have recently requested assistance after flooding in North Dakota.

To ensure that funds are available for all who need assistance, AOA members are encouraged to make a donation to Optometry's Fund for Disaster Relief.

Contributions are deductible to the fullest extent of the law, as no goods or services are furnished by the Optometry Cares® – The AOA Foundation, a 501(c) (3) organization, in exchange for the gift to Optometry's Fund for Disaster Relief.

To contribute, simply mail a check to Optometry's Fund for Disaster Relief, 243 N. Lindbergh Blvd., First Floor, St. Louis, MO 63141.

Donations may also be made online at www.aoa.foundation.org.

"Unfortunately many people in this area were not so lucky. We see some light at the end of the tunnel, finally."

switched to electronic health records (EHRs).

"So the first things I checked were the computers, which were, not surprisingly, destroyed. Fortunately, all my data was backed up. Once power could be restored a week later, I found that my chairs, stands and electrical tables were all destroyed, but fortunately my diagnostic instruments were largely undamaged. All office furniture and fixtures needed to be disposed of and about 5 percent of our paper charts (not yet converted to

and the carpet was also destroyed. The duct work and ceiling tiles need to be replaced.

"At this time, the dry-wall has been replaced, but the ducts, ceiling and carpet are still in the process of being replaced," said Dr. Stegen. "We hope to be back in the office by mid-November. I have had the good fortune to have a long-time friend, a local optician, who offered the use of a lane in her optical shop. I have been able to see patients on a limited basis since mid-

efficient, but much better than transcribing paper charts daily."

"While this disaster has been a large setback for my practice in terms of business, I consider myself very lucky that my home was undamaged," he said. "Unfortunately many people in this area were not so lucky. We see some light at the end of the tunnel, finally."

Dr. Stegen received a grant from Optometry's Fund for Disaster Relief, administered by Optometry Cares®.

The fund is ready to

CPCs, from page 6

data" will be also be encouraged in the government sponsored practices, according to the CMS.

Above all, CPCs must provide patients a central point of contact for access to health care, the CMS said.

Care is provided by a "medical neighborhood" of practitioners, according to the agency.

"Primary care is the first point of contact for many patients, and takes the lead in coordinating care as the center of patients' experiences with medical care," the CMS said. "Under this initiative, primary care doctors and nurses will work together and with a patient's other health care providers and the patient to make decisions as a team."

Practices must be composed predominantly, but not necessarily exclusively, of primary care providers (a

physician who has a primary specialty designation of family medicine, internal medicine, or geriatric medicine; a nurse practitioner, clinical nurse specialist, or physician assistant for whom primary care services accounted for at least 60 percent of allowed charges under the Medicare Physician Fee Schedule).

They must provide predominantly, but not necessarily exclusively, primary care services (including those denoted by the following codes: 99201-99215; 99304-99318; 99324-99340; 99341-99350; G0402, G0438, and G0439; 99241-99245; 99354-99355; 99358-99359; 99381-88387; 99391-99387; 99401-99404; 99406-99409; 9941-99412; 99420; 99429; 99374-99380; and G0008-G0010).

They may have multiple sites as long as these sites function as an integrated

entity with centralized decision making, shared office space, facilities, clinical records, equipment, and personnel.

The new CMS Comprehensive Primary Care Initiative was authorized under last year's federal Affordable Care Act (ACA) and will be administered by the recently established CMS Innovation Center.

The CMS began accepting applications for funding under the new initiative on Sept. 28.

Additional information on the CPC Practice Initiative can be found on the CMS Innovation Center Web site (<http://innovations.cms.gov/areas-of-focus/seamless-and-coordinated-care-models/cpci/>) or the CMS Health Care Reform Web site (www.healthcare.gov/news/factsheets/2011/09/primary-care09282011a.html).

Watch for PECOS warning on DMEPOS remittance advice

Optometrists who provide eyeglasses to Medicare patients using prescriptions that are written by other physicians should watch for the notice "Ordering Provider Not Authorized" on remittance advice forms, the AOA Advocacy Group warns. The advisory indicates that Medicare, in the future, will not cover eyewear ordered by the optometrist or ophthalmologist listed on the prescription because the prescriber does not have a complete enrollment record in Medicare's Provider Enrollment, Chain, and Ownership System (PECOS).

Provisions in last year's federal health reform law, designed to prevent Medicare fraud and abuse, allow the government health plan to pay for durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) – including post-cataract eyeglasses – only when prescribed by a health care practitioner who is properly enrolled in Medicare.

CMS officials emphasize that they have not yet set a deadline by which all "ordering/referring" practitioners must be enrolled as Medicare physicians through PECOS. Practitioners who receive Medicare remittance advice for eyewear claims with the "Ordering Provider Not Authorized" warning may wish to advise the prescribing practitioner.

To have a complete enrollment record in the Medicare PECOS database, the doctor must re-enroll in Medicare as a physician. The doctor can re-enroll using a paper enrollment form (CMS-855) or online (<https://pecos.cms.hhs.gov>). For additional information, see the AOA Web site PECOS page (www.aoa.org/PECOS) or the CMS Web site Medicare Ordering and Referring page (<http://tinyurl.com/MedicareOrderRefer>).

Medicare incentive programs

The Medicare Physician Quality Reporting System (PQRS), formerly known as the Physician Quality Reporting Initiative (PQRI), this year offers a 1 percent bonus when practitioners report performing specified quality measures. For details, see the AOA Web site PQRS page (www.aoa.org/PQRS).

The Medicare PQRS Maintenance of Certification (MOC) offers an additional 0.5 percent bonus for practitioners who successfully participate in the PQRS program over a 12-month period as well as participate in a qualified maintenance of certification program such as the American Board of Optometry (ABO) certification initiative. To qualify for incentive payments, practitioners must exceed the minimum participation levels for the certification program. For additional information, see the ABO Web site (www.americanboardofoptometry.org).

The Medicare e-Prescribing Incentive Program offers practitioners, with qualified e-prescribing systems, the opportunity to earn 1 percent payment bonuses when they electronically prescribe pharmaceuticals 25 times for applicable patients over the course of the year. For additional information see the U.S. Centers for Medicare & Medicaid Services E-Prescribing Fact Sheet

(www.aoa.org/documents/EPrescribingFactSheet.pdf). (Practitioners cannot receive payments under the Medicare e-prescribing program during any year they receive payments under the Medicare EHR incentive program.)

The Medicare EHR Incentive Program this year offers \$18,000 for practitioners who install properly certified EHR systems and meet required utilization targets. Practitioners can earn a total of \$44,000 (\$48,000 in federally designated health professional shortage areas) over the life of the incentive program. For additional information, see the AOA Web site's EHR page (www.aoa.org/EHR). (As previously noted, practitioners cannot receive payments under the Medicare EHR incentive program during any year they receive payments under the Medicare e-prescribing program.)

New ways to connect with AOA...

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Incentive, from page 1

equalling up to 1 percent of the Medicare allowable charges under the e-prescribing program, up to a 1 percent bonus through the PQRS and up to a 0.5 percent bonus through the PQRS Maintenance of Certification (MOC) Program. Practitioners could also earn up to \$18,000 under the EHR Incentive Program, although they cannot qualify for both the EHR and e-prescribing incentives in the same year.

That means, depending on which of the incentive programs they participate in during 2011, health care practitioners could earn bonuses equalling up to 2.5 percent of their total Medicare allowed charges for the year, or \$18,000 plus 1.5 percent of their total Medicare allowed charges, the AOA Advocacy Group notes.

While optometrists may be running out of time to qualify for Medicare incentive payments this year, they will be able to qualify for bonuses under the four programs in 2012 and coming years, noted AOA President Dori Carlson, O.D.

New reporting periods for all four of the incentive programs begin on Jan. 1, 2012.

The AOA Advocacy Group has noted a sharp increase in requests for information on the various incentive programs over recent weeks.

Health care practitioners who do not participate in the incentive programs will begin to see reimbursements cut over the coming years, Dr. Carlson notes. By the year 2019, they will risk losing up to 9 percent of their total Medicare payments.

AOA Advocacy Group staff notes that rewards and penalties will be based primarily on the same performance metrics.

"The requirements to earn a bonus will be similar to the requirements to avoid a penalty," an AOA Advocacy Group staff person said.

The CMS continues to seek broad participation in the bonus programs and to limit penalties more narrowly, the staff person noted.

The sooner optometrists begin participating in the Medicare incentive programs, the greater the chances they will earn maximum payments and avoid penalties, Dr.

Carlson emphasized.

"For example, practitioners who enter the Medicare EHR Incentive Program in 2012 will still be able to earn the maximum total payment of \$44,000 [\$48,400 in federally recognized health professional shortage areas (HPSA)] over the five-year course of the incentive program, because the CMS will still provide practitioners the maximum \$18,000 for achieving its entry-level Stage 1 meaningful use requirements," Dr. Carlson said. "The Stage 1 incentive will be reduced after next year. In addition, practitioners who enter the EHR incentive program in 2012 will still qualify for the maximum incentive payments offered for achieving the more-advanced Stage 2 and Stage 3 levels of EHR utilization in future years. Payments for Stage 2 and Stage 3 EHR utilization will be reduced for practitioners who enter the incentive program after this year."

Over the coming years, the entire structure of health care reimbursement could change, Dr. Carlson adds. Medicare plans to move toward more "pay-for-performance" or "value-oriented" reimbursement systems. Private sector health plans are expected to follow Medicare's lead. Instead of basing reimbursements solely on a fixed, fee-for-service payment schedule, insurance plans will increasingly reward practitioners for meeting performance measures designed to improve health care quality and efficacy – and dock payments for those who do not, she said.

The AOA Advocacy Group urges practitioners to become familiar with the incentive programs and review the table accompanying this article for information on how incentive program can affect reimbursements. For additional information on Medicare incentive programs, see the Medicare EHR Incentive Program, Physician Quality Reporting System and e-Prescribing Comparison, on the CMS Web site (www.cms.gov/MLNProducts/downloads/EHRIncentivePayments-ICN903691.pdf).

The AOA offers extensive, how-to instructions on all of the Medicare incentive programs on its Web site (www.aoa.org).



<http://dori20-20tour.org/>

Maximum incentive bonus, penalty summary

	E-prescribing ^{1,2}		EHRs ^{3,4}		PQRS		Maintenance of Certification		Potential total		
	Max bonus	Max penalty	Max bonus	Max penalty	Max bonus	Max penalty	Max bonus	Max penalty	Max bonus e-Rx, PQRS certification	e-Rx, EHR certification	Maximum penalty
2011	1.00%	None	\$18,000	None	1.00%	None	0.50%	None	2.50%	1.5%	None
2012	1.00%	-1.00%	\$12,000	None	0.50%	None	0.50%	None	2.00%	\$12,000 plus	-1.00%
2013	0.50%	-1.50%	\$8,000	None	0.50%	None	0.50%	None	1.50%	1.0%	-1.50%
2014	None	-2.00%	\$4,000	None	0.50%	None	0.50%	None	0.50%	\$8,000 plus 1.0%	-2%
2015	None	At least 2%	\$2,000	-1.00%	None	-1.50%	0.50%	None	0.50%	\$4,000 plus 0.5%	-4.50%
2016	None	At least 2%	None	-2.00%	None	-2.00%	0.50%	None	0.50%	\$2,000 plus 0.5%	-6.00%
2017	None	At least 2%	None	-3.00%	None	-2%	0.50%	None	0.50%	0.50%	-7%
2018	None	At least 2%	None	-4.00%	None	-2.00%	0.50%	None	0.50%	0.50%	-8.00%
2019 and thereafter	None	At least 2%	None	-5%	None	-2.00%	0.50%	None	0.50%	0.50%	-9.00%

¹ Optometrists will not be subject to e-prescribing penalties in 2012. CMS officials have suggested they may impose penalties on optometrists in 2013, based on performance in 2011 and 2012.

² Penalties can rise above 2 percent if participation targets are not met.

³ Physicians cannot claim Medicare bonuses for both EHR use and e-prescribing. Physicians may receive maximum EHR bonuses over five years if they adopt by 2012.

⁴ Penalties can rise above 3 percent if the CMS determines less than 75 percent of doctors are using EHRs by 2018.

Exam rooms,

from page 15



Visitors at the 3-D Vision Performance Eye Clinic

Cinemas continue to deliver movies the way they were intended to be seen,” said Dean.

The THX logo is displayed at the beginning or end of films and in the lobbies of movie theaters that meet the entity’s cinematic standards. It also appears on various audio and video systems that are THX-certified – meaning they are rigorously tested to meet the company’s various certification standards.

THX is the only company today with an existing certification program for 3-D displays, including projectors, Dean said. As Pacific University’s 3-D Vision Performance Eye Clinic research evolves, THX will continue to progress in developing its testing and standards for future THX Certified 3-D equipment, he said.

In addition to THX, data will be provided to other standard-setting entities, such as the American National Standards Institute and to

appropriate government agencies, such as the National Eye Institute, Dr. Sheedy said.

The 3D@Home Consortium in conjunction with the AOA, THX and the clinic staff hope to rapidly provide for a truly broad-based, ongoing study of 3-D

somewhat less extravagant 3-D projection system, Dr. Sheedy said.

The planned research network, to be known as PBRN – Optometry 3-D, would be established in compliance with federal Agency for Healthcare Quality and

Research guidelines and could, in itself, represent an important achievement for optometry, according to Dr. Sheedy.

The federal government is actively encouraging the development of such practice-based research network as a means of addressing community-based health care questions and translating research findings into practice, Dr. Duenas notes.

Participating practices would have access to information on research findings and treatment breakthroughs developed through the program, Dr. Duenas said.

“Optometrists must make full use of their ownership of the 3-D vision issue,” said Dr. Duenas.

The 3D@Home Consortium in conjunction with the AOA, THX and the clinic staff hope to rapidly provide for a truly broad-based, ongoing study of 3-D vision issues by establishing a practice-based research network of optometric offices across the nation.

vision issues by establishing a practice-based research network (PBRN) of optometric offices across the nation. Participating practices would be required to provide care and report data using the protocols established for the original 3-D clinic in Oregon – although perhaps using a

Emergency Medical Assistance

28090

A Special Note to Our Members

We believe it's important for all of us to become better informed consumers when it comes to selecting coverage. As an eye-care professional and member of the AOA, you have many choices.

This article focuses on the fundamentals of available products and services that can help safeguard your financial security, arrange for your proper medical care and give you greater peace of mind.

*Dori Carlson, O.D.
President, AOA*

In a medical emergency, where every minute counts, time is precious and acting quickly is essential. However, as medical care, insurance and even traveling get more complicated, cutting through the red tape and getting through to the appropriate people who can help can take hours.

For these reasons, an Emergency Medical Assistance plan would provide you with greater peace of mind, knowing that coordinators are available any time to help you through a travel crisis.

Emergency Medical Assistance is a way to minimize the considerable financial and health-related risks in an emergency, including accidents, illness and emergency evacuation.

Generally, coverage with an Emergency Medical Assistance plan is effective for one year and covers you for medical emergencies when you're traveling for business or vacation. The rates for this type of coverage are usually inexpensive and the cost to cover your entire family is very economical.

Another type of coverage available is specifically designed to cover you only for the duration of your trip, particularly while traveling overseas. Known as "travel insurance," typically this sort of plan covers trip cancellation and interruption, medical evacuation, flight insurance and lost baggage. The cost can be rather expensive at 5%-12% of your total trip cost.

On the other hand, an Emergency Medical Assistance plan commonly provides broader coverage. Any time you're traveling away from home, if you have a medical emergency due to an accident or sudden illness, plan coordinators are ready to help you 24 hours a day.

This is important because, at a time when speed is essential to your recovery, these coordinators can quickly get involved on your behalf to make sure you are getting the proper medical care wherever you are. To help prevent delays or denial of medical care, with your permission, plan coordinators will relay insurance information and provide your medical records to the medical staff treating

you. Plan coordinators will also monitor your condition and provide ongoing updates to your family and personal doctor if you wish. This valuable "peace of mind" will help lessen your stress and worry so you can concentrate on a speedy return to good health.

Evacuation coverage is an important part of any Emergency Medical Assistance plan. This benefit pays the cost of getting you to a better hospital where you can receive appropriate medical treatment in the event the local hospital cannot treat you. This covers transportation by ambulance and life flight which aren't usually covered by your regular medical insurance.

Plan coordinators will arrange to bring a specialist doctor to you or move you to a more suitable facility to get the care you need if necessary. Look for an Emergency Medical Assistance plan that not only makes these arrangements for you but pays the costs as well.

Once you're stable and ready to travel, plan coordinators will make arrangements to get you back home to complete your recovery. Look for an Emergency Medical Assistance plan that pays transportation costs for your return home as well as your traveling companion, kids or grandkids if they're left unattended, and your vehicle. Some plans will provide help for your pets.

A good Emergency Medical Assistance plan will offer, at no extra cost, pre-trip consultation such as travel advisories, passport requirements and inoculation information. Other helpful benefits include translation services, assistance tracking lost luggage and arranging for the replacement of lost or stolen passports, airline documents, visas and other documents.

If you are interested in emergency medical coverage or travel insurance, do some homework and find out exactly what the plans cover. Consider the AOA Emergency Assistance Plus Program fully endorsed by AOA. Call toll-free 1-877-883-1924 for more information and let a representative help you choose a plan with benefits that are the best fit for your personal needs.

Medicare to send revalidation notices

The U.S. Centers for Medicare & Medicaid Services (CMS) is proceeding with plans to revalidate all Medicare providers and suppliers who have not revalidated since March 25, 2011, so that ALL Medicare providers and suppliers are scrutinized under new screening requirements of the Affordable Care Act, agency officials confirmed during a special provider conference call last month.

However, the CMS is now asking all Medicare providers and suppliers to wait to revalidate until they are requested to do so by their Medicare contractor.

The requests will come in a colored envelope and should have the word "Revalidation" in the heading highlighted at the top.

"The CMS is aware of the massive scope of this ambitious effort, and contractors are building up staff to handle the anticipated workload," an AOA Advocacy group staff person observed after taking part in the conference call.

The CMS is also making improvements to the general Medicare enrollment/renewal process as well as the online enrollment/renewal/revalidation using Internet-based PECOS.

Those improvements will be most noticeable after Jan. 1, 2012, but will continue quarterly next year, according to the agency.

The CMS plans to start small in issuing revalidation requests next year.

The CMS will have more written materials and guidance before the end of 2011. The AOA will also have more information about the improved enrollment process. For updates, visit the AOA Web site (www.aoa.org).

HIPAA 5010 deadline is less than 60 days away

New technical standards for electronic claim filing and other electronic health-related transactions take effect on Jan. 1, 2012, the U.S. Centers for Medicare & Medicaid Services (CMS) is reminding health care practitioners.

Practitioners, over the coming days, can expect to receive notices from their software vendors, billing services, or claims clearinghouses regarding compliance with new Health Insurance Portability and Accountability Act (HIPAA) 5010 standards, according to the AOA Advocacy Group.

Practitioners who do not receive information regarding HIPAA 5010 updates from their software vendors in the near future should check with their vendor representatives, the AOA Advocacy Group emphasized.

Similarly, practitioners who retain billing services to file claims should check to make sure their software systems will be updated to meet HIPAA 5010 standards by the end of the year, the AOA Advocacy Group advises. Once vendors or billing services have indicated their products and systems have been updated to meet 5010 standards, practitioners should test to make sure their claims will be filed smoothly and other transactions can be accomplished without problem, the CMS advises.

Claims filed in a manner not compliant with the new HIPAA 5010 standards will be rejected beginning New Year's Day, the CMS emphasizes.

Federal law requires that beginning in 2012 health care-related transactions be conducted in a format meeting Accredited Standards Committee (ASC) X12 Version 5010 and National Council for Prescription Drug Programs (NCPDP) software standard.

HIPAA 5010-compliant software is designed to accommodate the use of ICD-10 billing codes, which the

CMS plans to implement in October 2013.

For most optometrists who file claims in-house, compliance will be basically a matter of obtaining and installing HIPAA 5010 updates from their software vendors, the AOA Advocacy Group notes.

A spot survey of leading software vendors by AOA News earlier this year revealed most expected to make HIPAA 5010 software updates available to clients well before to Dec. 31, 2011.

Medicare requires the use of electronic claims except in certain rare cases, the CMS noted. Paper claims submitted by practitioners through billing firms or clearinghouses are transcribed into electronic formats that will have to meet the new HIPAA 5010 standards. Therefore it is important for even practitioners who file claims on paper to make sure their billings forms are prepared to meet the HIPAA 5010 standards, the CMS noted.

And all practitioners should test their claim filing and related systems before the end of the year, the CMS emphasized.

Testing

Tests for HIPAA 5010 compliance should be conducted with all external trading partners, according to the CMS. That includes:

- ❖ Billing services
- ❖ Clearinghouses
- ❖ Pharmacies
- ❖ Entities responsible for coverage and benefit determinations, and
- ❖ Payers

The CMS recommends practitioners initially test transactions that are conducted on a daily basis, such as:

- ❖ Claims
- ❖ Eligibility determinations
- ❖ Remittances
- ❖ Referral authorizations

After testing common, daily transactions, practitioners should test all remaining transactions to ensure that they are fully compliant,

CMS officials said.

Nine-digit ZIP codes

In addition, some practitioners may have to make changes in their billing provider address.

To comply with HIPAA 5010 standards, each health care practice must report a physical street address in the "Provider Billing" address field.

Practices that wish to have payments delivered to a PO Box (or any address other than the Provider Billing address) can report that address in the "Pay-To Address" field.

While a PO Box address cannot be used as the prac-

tice's street address, the PO Box may still be used for other claim addresses, such as a payer or patient address.

The HIPAA 5010 standards also require a nine-digit ZIP code be reported in the practice's "Billing Provider" and "Service Facility Location" address fields.

Practitioners can continue to use a five-digit ZIP code for the practice's Pay-To Address, as well as for the "Subscriber," "Patient," "Payer" and all other address fields on the claim.

To be prepared, the CMS advises practitioners to review the ZIP code values now used for practice street and all service facility addresses to be sure they are valid nine-digit ZIP codes.

Practitioners can find their full nine-digit codes on the U.S. Postal Services Web site (www.usps.com).

The CMS offers extensive information on the HIPAA 5010 standards through the "5010 – DO" link on its Electronic Billing Standards Web page (www.cms.gov/electronic-billingeditransan). The CMS Web site now offers practitioners a "5010 Implementation Widget" (www.cms.gov/ICD10/03_ICD-10andVersion5010ComplianceTimelines.asp).

The agency's Medicare Learning Network library included a detailed article on the HIPAA 5010 standards (www.cms.gov/MLNMattersArticles/Downloads/SE1106.pdf).

Eisenstatt to lead SCO Hayes Center

Gerald Eisenstatt, O.D., has been named director of the Hayes Center for Practice Excellence (HCPE) at Southern College of Optometry (SCO) in Memphis, Tenn.

The Hayes Center for Practice Excellence was founded in 2005 by 1973 SCO graduate, Jerry Hayes, O.D., and his wife, Cris.

With matching funds provided by SCO's Board of Trustees, the Hayes Center became a reality as one of the first centers to focus on teaching independent optometrists business principles applicable for their practice, including strategic planning, budgeting and increasing profitability.

Dr. Eisenstatt is a 1984 SCO graduate who joined the faculty in 1999. A successful private practitioner in Memphis, he will complete his Masters in Business Administration (MBA) at Christian Brothers University in the fall of 2011.

"We are very excited to have someone with Dr. Eisenstatt's unique blend of experience in both private practice and academic leading the Hayes Center," said Dr. Hayes. "He will be a tremendous resource for both SCO students and alumni."

"Dr. Eisenstatt brings years of private practice knowledge and success in overseeing SCO's practice management curriculum," said SCO President Richard W. Phillips, O.D. "His expertise is an impor-

tant part of teaching our students how to manage the business side of an optometric practice. The Hayes family and I are confident that Dr. Eisenstatt is a natural fit to lead our effort to enhance the stature and involvement of the Hayes Center at SCO and throughout optometry as we emphasize the importance of instilling practice management principles in our graduates."

In addition to teaching students and recent graduates important optometric business principles, the Hayes Center will also oversee SCO's Career Counseling and Placement Services initiatives designed to provide valuable resources to students and alumni alike.

The Hayes Center additionally offers continuing education and other courses for alumni and recent SCO graduates.

Dr. Eisenstatt is a member of the Practice Management Educators Association, the AOA, the Tennessee Association of Optometric Physicians and the West Tennessee Optometric Physicians, where he was a past president in the local society.

He has served as a clinical examiner for the National Board of Examiners in Optometry in the clinical skills section.

Dr. Eisenstatt has been published in many optometry journals and has lectured at numerous meetings.

Dr. Eisenstatt has also been named the recipient of SCO's Teacher of the Year award on numerous occasions.



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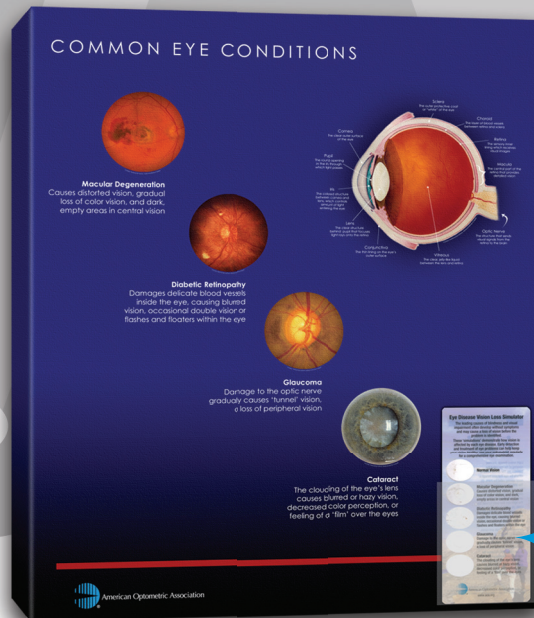


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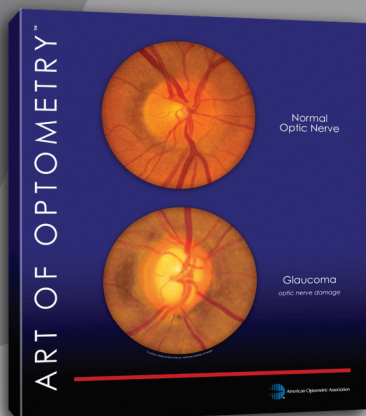
NG-K

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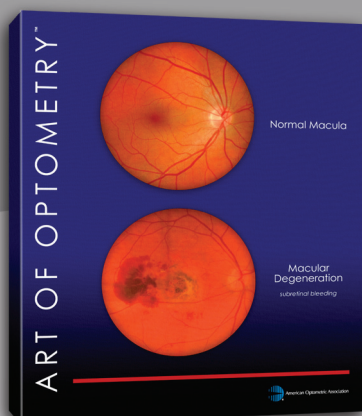
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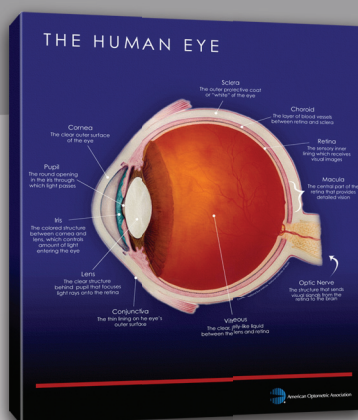
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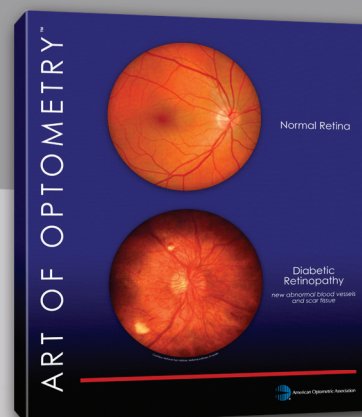
GP-5 Glaucoma



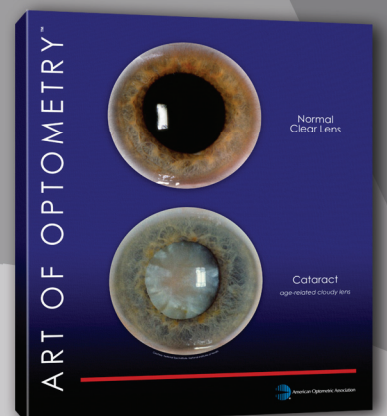
GP-6 Macular Degeneration



GP-9 The Human Eye



GP-7 Diabetic Retinopathy



GP-8 Cataract

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Online course helps AOA members address TBI

With neurological conditions representing a growing problem for the American health care system, the AOA's new Neuro-Ophthalmic Disorders Board Certification Review Course provides practicing optometrists an easy, efficient way to begin taking a more active role in helping the thousands of military veterans, older adults and accident victims who suffer from traumatic brain injury (TBI), according to instructor Leonard Messner, O.D., the Illinois College of Optometry's vice president for patient care services and executive director of the Illinois Eye Institute.

"Traumatic brain injuries often manifest as ocular problems," Dr. Messner emphasized. "Optometrists must be able to accurately diagnose TBI-related eye problems not just for the sake of correcting the patient's vision, but to ensure the patient is referred for other appropriate TBI care. Many patients with TBI may not seek regular, preventive health care and may learn they have sustained neurological injury only after experiencing a vision problem. The optometrist's office can be an important entry point to the health care system for a TBI patient."

As the conflicts in Iraq and Afghanistan wind down, unprecedented numbers of veterans are returning with undiagnosed concussive head injuries, according to the U.S. Department of Health & Human Services (HHS) and Department of Defense (DoD).

The aging of the American population is

expected to result in a rapidly increasing number of older adults who suffer TBI as a result of falls or strokes, Dr. Messner notes.

Concern is growing over neurological injuries sustained in the course of sporting events or recreational

activities, and some 59.1 percent of those practitioners report they do not have an optometrist nearby to whom they can refer patients for such care.

Only about one in seven optometrists (14.4 percent) are affiliated with a rehabili-

themic disorders, and some comprehensive overview of the basics of care for neuro-ophthalmic conditions in just less than five hours (289 minutes total) through a series of interactive learning modules, ranging in length from five to 85 minutes.

An opening review of

More than three quarters (78.5 percent) of AOA-member optometrists, responding to the most recent AOA New Technology Survey, reported seeing one or more patients who suffer from neurological insult over the previous 12 months – with the typical practice seeing 11.

activities, he adds. Vehicle accidents represent an ongoing source of traumatic head injuries.

Not surprisingly, optometrists are already noticing an increase in patients with neurological disorders, according to AOA surveys.

More than three quarters (78.5 percent) of AOA-member optometrists, responding to the most recent AOA New Technology Survey, reported seeing one or more patients who suffer from neurological insult over the previous 12 months – with the typical practice seeing 11.

Nearly a third (29.5 percent) of those optometrists would now list care for neuro-ophthalmic disorders among the services readily offered in their practices.

More than half (52.9 percent) say they can provide such care when TBI patients present, according to the survey.

However, that means nearly three in every five optometrists are still not providing care for neuro-oph-

thalmic disorders, and some 59.1 percent of those practitioners report they do not have an optometrist nearby to whom they can refer patients for such care.

Only about one in seven optometrists (14.4 percent) are affiliated with a rehabilitation center, clinic or hospital that treats patients with neurological insults.

Like many other online courses offered through the AOA's new EyeLearn™ optometric online continuing education portal, the Neuro-Ophthalmic Disorders Board Certification Review Course is intended in large part to assist optometrists who are preparing to seek American Board of Optometry certification, Dr. Messner said.

However, it was also developed to help optometrists across the nation provide more services for those with neuro-ophthalmic disorders, he emphasized.

"The course serves to demonstrate how, using online education opportunities, even the busiest optometrists can find time to enhance their professional knowledge – even in some of the most advanced areas of practice – and perhaps add new services or areas of emphasis to their offices, Dr. Messner said.

The course provides a afferent system disorders (optic neuropathies) is followed by a concise explanation of the evaluation of diplopia.

An extensive discussion of cranial neuropathies and related disorders of the pupil is broken into two roughly one-hour segments.

The course concludes with a one-hour lecture on brainstem motility disorders and nystagmus and then a half-hour review on headaches of neuro-ophthalmic significance.

As with all EyeLearn™ courses, the interactive learning modules allow practitioners to log on and access the learning materials whenever they are ready.

The electronic format allows them to pause at any point and return to the course later.

They can immediately repeat a unit if they do not adequately understand the material covered.

Each unit comes with one or more self-assessment quizzes that appear periodically.

Course handouts are provided on the Web site.

Course takers can even follow the speaker word-for-word using course transcripts that are also provided on the site.

In addition to interactive learning modules, practitioners can easily access supplemental resources such as AOA Optometric Clinical Practice Guidelines and articles from *Optometry: Journal of the American Optometric Association* as well as a range of pre-recorded audio or video lectures.

A Continuing Education (CE) Finder feature allows optometrists to find appropriate classroom continuing education programs on care for neuro-ophthalmic disorders and related subjects, offered by state optometric associations, regional optometric organizations, and the AOA.

"With the HHS, DoD, senior citizen organizations, and sports safety advocates all urging health care practitioners to make care for TBI more widely available, there has never been a better time for optometrists to offer services for patients with neuro-ophthalmic disorders in their practices," said Dr. Messner. "The new EyeLearn™ Neuro-Ophthalmic Disorders Board Certification Review Course can make it easier than ever to begin."

The EyeLearn™ online education portal is an exclusive AOA member benefit. AOA members can take courses and access materials free of charge.

The optometric education portal can be accessed at www.aoa.org/eyelearn.



American Optometric Association



What's all the tweeting about?



Here's a taste of what some in the optometric world are talking about on Twitter and Facebook.

@nnovationsinEC (Joe Dolezal, O.D.), retweeted: @AOAConnect: Optometrists warn consumers about Halloween contacts <http://ow.ly/73XdX>

@Vision Monday retweeted: @AOAConnect Launches <http://ContactLensSafety.org> for Consumers <http://ow.ly/73Rba>



@DrMahendroo (Dr. Neelma Mahendroo) retweeted: @AOAConnect: Daily Aspirin Could Up Risk Of Macular Degeneration For Elderly: Study <http://huff.to/oP5r9C> via @huffingtonpost

American Optometric Association posted on Facebook: More heads-up on Halloween lenses from ABC NEWS. Interested in enhancing your costume with decorative lenses? Don't put your vision at risk; make an appointment with your optometrist. Don't have one? Visit the AOA Dr Locator to find an optometrist in your area: www.aoa.org/drlocator. Scary Eye Contacts Can Cause a Monster Mash of Damage abcnews.go.com Have you been eyeing those neon-green sunburst eye contacts this Halloween?



Group forms optometric specialty lens institute

Contamac Ltd. is proud to announce the formation of the Contamac Specialty Lens Institute™ (CSLI), dedicated to serving students, residents, practitioners, patients and communities on a global basis in specialty contact lens education, clinical care, research and leadership.

The formation of the CSLI demonstrates Contamac's continuing worldwide leadership position in the specialty lens area of optometric practice. The CSLI will be focused on the education and clinical practice of prescribing specialty contact lenses and will endeavor to become a vital educational resource for all of the schools and colleges of optometry, their students, the residents and faculty, and the entire global eye care community.

"The CSLI will work closely with all of the schools and colleges of optometry to expand their training in specialty contact lenses. Alongside expert specialty contact lens educators, practitioners and researchers, students will learn of prescribing options and new developments in the specialty contact lens field. The students will forge unique and supportive relationships that last throughout their professional life," said Peg Achenbach, O.D., chief medical and academic strategist for Professional Services, Vision Care at Contamac.

The CSLI will initially be launched in the United States, followed closely by a United Kingdom launch. The CSLI hopes to collaborate with all of the schools and colleges of optometry around the world to provide specialty lens education through specific lectures, workshops, newsletters, scholarships, practitioner and research updates, and unique case histories. The CSLI will also introduce a residency club to help past and current contact lens residents stay connected with their peers, their educational institutions and the laboratories.

Advanced technical contact lens instruction will improve clinical skills especially when managing patients with corneal irregularities such as keratoconus, corneal trauma, congenital disorders, aphakia, presbyopia, irregular astigmatism, and the specialized requirements of sports vision and the pediatric population.



<http://dori20-20tour.org/>

AOA Order Dept. features See Better, Play Better prints



"See Better, Play Better" is the theme of the latest series of AOA Brand Promise four-color art prints to be offered by the AOA Order Department.

Suitable for display in optometric practices and other settings, the seven new 20" by 24" canvas prints – designed to remind patients of the importance of vision in sports performance – depict scenes of baseball, golf, soccer, and hockey.

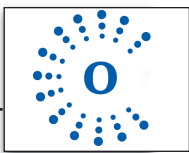
The Brand Promise series now offers a total of 40 high-quality art prints with themes ranging from children's vision to eye care for older adults.

All prints come ready-to-hang with hardware included and no framing required.

Prints are \$89 for AOA members and \$133.50 for non-AOA members (plus shipping and tax where applicable).

Prints can be viewed on the AOA Brand Promise Web site (www.aoabrandpromise.com).

To order call the AOA Order Department at 800-262-2210 or log onto www.aoa.org/onlinestore.



Take advantage of extended IRA charitable rollover by year end

As a result of the extension of the Pension Protection Act through 2011, anyone

over the age of 70 ½ can now make an outright gift to a qualified charitable organization, such as Optometry

Cares®-the AOA Foundation, by requesting a direct transfer of up to \$100,000 from an individual retirement

account (traditional or Roth IRA) without paying taxes on this distribution.

Foundation donors have found these gifts can be accomplished simply and can maximize the benefits of IRA dollars that would have been taxable in the past.

Here is how it works:

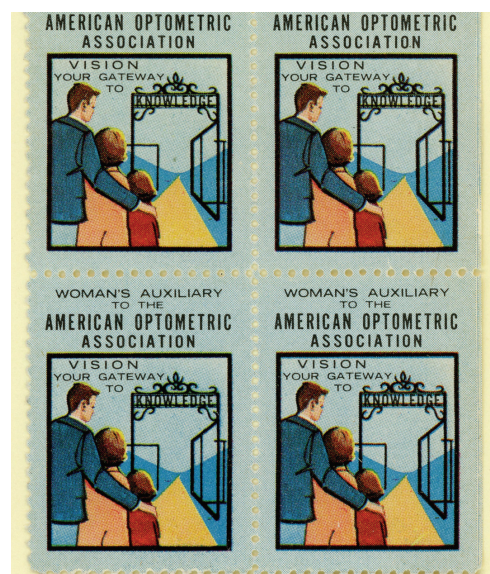
1. The donor must be 70½ at the time of transfer. The gift must be made on or after the donor turns 70½ to ensure favorable tax treatment for that tax year.
2. The transfer must pass directly from the IRA custodian to the qualifying charity.
3. The transfer is limited to \$100,000 per tax year.
4. The transfer must occur before Dec. 31, 2011, when the provision is scheduled to expire.
5. The transfer is limited to 50 percent of adjusted gross

income (AGI) like other cash gifts.

6. The Act applies only to traditional, rollover, and Roth IRAs, not to other types of plans like 401(k), 457, 403(b), etc. However, funds from the other types of retirement plans may be rolled into a traditional IRA in order to make the gift.
7. The transfer cannot be made to a donor-advised fund or a supporting organization.
8. The transfer cannot be used to fund a charitable gift annuity or a charitable remainder trust.

To make your gift through the IRA Charitable Rollover provision, contact your broker or accountant. Contact Dennis Holter, chief advancement officer at the AOA Foundation, at 314-983-4138 with any questions.

Seals for support



The Woman's Auxiliary to the AOA, formed in 1927, was an active, creative, and dedicated group, carrying the banner of modern optometry and supporting the work of the profession. Their work required financial support, and sometimes that was lacking. In 1951 the Washington Optometric Association Woman's Auxiliary realized that dues were small and other means of revenue were limited. They proposed to the national body that attractive optometry seals (similar to the popular tuberculosis seals) be printed and sold to the state associations, auxiliary members, optometrists, and friends of optometry. They would be promoted and sold for use on envelopes, packages, etc. The seal project proved very popular, and repeated in subsequent years, a fund-raising success. The seals shown are the 1963 design.

From the collection of The Archives & Museum of Optometry, Optometry Cares® - The AOA Foundation

Time running out to nominate individuals for optometry hall of fame

Nominations for the 2012 National Optometry Hall of Fame are now being accepted. The National Optometry Hall of Fame highlights the luminaries within the field of optometry—individuals who have made a significant and long-lasting impact on the profession.

2012 Nomination forms can be downloaded from <http://www.aoa.org/x18530.xml> or obtained by sending an e-mail request to Foundation@aoa.org and placing "2012 Nomination Form" in the subject line.

The selection criteria include:

- ❖ Nominees should be recognizable through their national stature.
- ❖ Nominees should have had a significant and enduring impact on the profession.
- ❖ A nominee's full range of contributions should be represented, e.g., professional leadership, academic leadership, and research contributions, as well as other areas of significance.
- ❖ Diversity should be considered in the selection process.
- ❖ A balance of historical and current (but very well-established) achievements should be considered.

Nomination forms and supporting documentation for candidates to be considered should be e-mailed to Foundation@aoa.org or mailed to: National Optometry Hall of Fame, 243 N. Lindbergh Blvd., St. Louis, MO 63141.

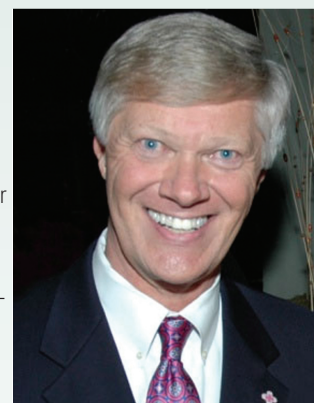
The deadline for nominations is Dec. 1, 2011.

New inductees are determined by a selection committee that represents the AOA, Association of Schools and Colleges of Optometry (ASCO); the College of Optometrists in Vision Development (COVD); the National Optometric Association (NOA); and the American Academy of Optometry (AAO).

Inductees will be honored at Optometry's Meeting® in June 2012 to be held in Chicago. Visit www.optometrymeeting.org for more.

AOA Foundation welcomes new chief advancement officer

Optometry Cares® - The AOA Foundation welcomes new Chief Advancement Officer Dennis Holter. As chief advancement officer, Holter will be helping the foundation realize growth and develop reciprocal, sustainable relationships for the advancement of the AOA.



Holter is a health care and education executive with more than 30 years of fundraising, communications, marketing, and management experience.

Holter has a strong record of rebuilding organizations. Most recently, he served as president of the SSM St. Mary's Health Center Foundation in St. Louis. He was responsible for rebuilding and repositioning the foundation in the philanthropic marketplace.

AOA members interested in investing in the AOA Foundation should contact Holter at daholter@aoa.org or 314-983-4138.



PRACTICE ADVANCEMENT

Group provides guidance on developing office manuals

Every optometric practice should create and maintain an office manual to provide clear and consistent policies and procedures for all staff members.

Such a resource should contain everything from how sick days are handled to how the practice places contact lens orders.

The more details that can be articulated in a manual, the easier it will be for doctors and staff to deliver the kind of customer service the practitioner expects.

Putting policies and procedures in writing also aids in

training new staff members and addressing staff problems before they occur.

Getting started is probably the most difficult part. Perhaps the easiest method is to open a blank Microsoft Word document and start typing the various rules of the office.

Often, recent staff problems in the practice can be a prompt for a new policy or procedure one may wish to add to a manual.

It is also possible to delegate portions of the manual to others. Having staff members type up detailed instructions

for how they perform their daily tasks will quickly produce text that can be incorporated into the office manual.

If starting from scratch seems daunting, some practitioners may prefer to start with an office manual template.

There are several textbooks that provide manuals specific to optometric offices, and most include an electronic version that allows the practitioner to open the sample manual in Microsoft

See Manual, page 33



AOA Webinar Series

A FREE Member-Only Benefit

Coding and Medicare Changes for 2012

As usual, the new year will bring in some new procedure and diagnosis codes as well as changes in the Medicare reimbursement for eye doctors. We'll provide the latest information during this webinar.

Speaker: Chuck Brownlow, O.D.
AOA Medical Records Consultant

Tuesday, November 22, 11a.m. CDT

Tuesday, December 13, 11a.m. CDT

Tuesday, December 27, 11a.m. CDT

Register Today!

www.aoa.org/WebinarSeries

www.aoa.org/ArchivedWebinars

AOA Member Advantage

Great Recession impacts retirement

After the Stock Market Crash of 1929, John D. Rockefeller said, "These are days when many are discouraged. In the 93 years of my life, depressions have come and gone. Prosperity has always returned and will again."

In many ways, the Great Recession from 2007 to 2009 was the worst economic downturn since the Great Depression. In addition to all the financial hardships experienced by millions of working families, economic security for future retirees could also be eroded.

With unemployment running around 9 percent, many workers have been forced to withdraw assets from their 401(k) and other retirement savings.

This leaves workers with less income to set aside for retirement. Social Security and pension credits, along with earnings, are reduced when workers lose their jobs.

Although we are all experiencing some challenging financial times, what might we be able to do to overcome potential income short-comings when we have reached retirement age?

According to the U.S. Census Bureau Current Population Survey, workers age 55 and older have progressively trended toward remaining in the workforce every year since 1993.

In fact, 40.2 percent of those older workers chose to keep working in 2010 - the highest level between 1975 and 2010.

If one does not want to work well beyond normal retirement age or outlive one's retirement savings, it is never too early or too late to start saving. Take advantage of the working years left to accumulate assets in 401(k) type plans. These are some discouraging times, but if one

can get started and stay the course, prosperity may have a better chance to return again.

The Members Retirement Program, administered by AXA Equitable, has been endorsed by the AOA since 1968 and is committed to keeping costs low while delivering comprehensive service that helps to minimize the time needed to start and manage a plan.

To learn more, call 800-523-1125, ext. 6087 and ask about the Members Retirement Program's limited-time enrollment fee waiver or visit www.axa-equitable.com/mrp.

The Members Retirement Program (Contract form #6059) is funded by a group variable annuity contract issued and distributed by AXA Equitable Life Insurance Company (NY, NY).

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American Optometric Association

Member Advantage

www.aoa.org/MemberAdvantage

AOA Group Insurance by AGIA

AOA Insurance Alliance by Lockton (Malpractice Insurance)

AOA Coding Today

AOA Ophthalmic Resources On-Demand

Bank of America Card Services

Bank of America Merchant Services

Epocrates

EyeCarePro

Members' Retirement by AXA-Equitable

OMG National

PMI, LLC, Consultants to Eye Care

ReimbursementPLUS®

United Parcel Service, Inc.

VisionWeb

Wells Fargo Practice Finance

Through a network of suppliers, Member Advantage provides savings on valuable business, finance and insurance products and services for your practice.

Finding the perfect fit just got easier.



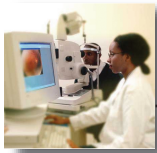
www.optometrycareercenter.org

Free to all members, Optometry's Career Center® (OCC), the premier professional development resource for optometry, provides optometrists access to opportunities throughout the practice lifecycle.

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MEDICAL RECORDS & CODING

'Ask the Codeheads'

Heads up! 2012 is just around the corner

Edited by Chuck Brownlow, O.D., Medical Records consultant

You've got just over a month to get ready for a brand-new year in practice. It's a pretty exciting time for most of us... "Out with the old, in with the new," "Turning over new leaves" and all that kind of stuff. If you are at all like me though, much of the old will still be around come next April, and a lot of old habits and issues will be still be cluttering up the office.

In spite of that forecast of likely reality, here are a few things for you to consider.

First, it's a great time for you to take a look at your current fee schedule and decide whether the fees you are charging match your feelings of the values of your services. It is up to you, after all, to establish fees that you feel are appropriate, totally separate from what Medicare or other insurers pay. Your fees should be unique to your practice, based on your cost of doing business, your market pressures, your education/training/experience, etc. Payers will tell you how much they are willing to pay. It's up to you to tell all patients what you believe you are worth.

Second, it's time to review your protocols for providing care, including the way you collect data, the way you decide which tests to do for each patient, the way you keep records of each visit and each procedure, the way you record your diagnoses and management options for each patient, writing orders for returns to office, additional testing, etc., your method for creating interpretations and reports for each procedure that you do, and the way you choose diagnosis, office visit,

and procedure codes to accurately communicate to the patient and payer exactly what you did.

The AOA provides lots of assistance in this department. You may refer to www.aoa.org/coding to find a wide variety of tools that you may use. You might also refer to www.aoa.org/x4813.xml to find the whole series of AOA Optometric Clinical Practice Guidelines, created

high or low, based purely upon the content of the medical record, which in turn is based purely upon the needs of the patient.

All of this requires some introspection on the part of every health care provider and possibly a renewed commitment to the following caveats of good health care:

- ❖ Carefully interview patients to learn why they are in the office (chief com-

It's critical that the codes are accurate, high or low, based purely upon the content of the medical record, which in turn is based purely upon the needs of the patient.

to provide assistance in customizing examinations for various common eye conditions. Another resource you'll find on the Web site is a list of archived webinars on a host of topics related to medical records and coding. The quickest path to the webinars is www.aoa.org/coding.

Third, it's time to learn from other doctors' experience with recent Medicare and commercial insurer audits of eye care records and billing. Much of what happens in an audit consists of a review of a doctor's compliance with the national rules and customs relative to medical record keeping. All of this is especially important if you are a new user of electronic health records (EHR) or if you are contemplating purchasing and utilizing EHRs in your practice. EHRs let you gather lots of data very quickly and accurately, which may result in higher codes than you are used to seeing. It's critical that the codes are accurate,

plaint/reason for visit)

- ❖ Design the case history and physical examination to match the needs of the patient, customizing as you gain more information throughout the history and examination

- ❖ Provide the care the patient needs that day, no more, no less

- ❖ Keep a detailed, accurate record of all that is done during the visit, being careful to do only the tests that are necessary for that patient, that day, and to record only data that was actually done that day... Avoid automatically populating fields of the medical record from data gathered at an earlier visit

- ❖ Choose the diagnosis codes (ICD-9) that are germane to the visit; not a list of all diagnoses the patient has (related to the visit or not), or every diagnosis the patient has ever had

- ❖ Choose office visit and procedure code according to the rules and definitions in Current Procedural Terminology (CPT).

AOA Coding Resources

The following resources are available to AOA members through the AOA's Clinical & Practice Advancement Group:

- ❖ AOA.org/Coding features a "Frequently Asked Questions" section for members only, providing questions asked by AOA members and the answers provided by AOA volunteers and staff.
 - ❖ AskTheCodingExperts@AOA.org offers AOA members the opportunity to e-mail their coding question and have it answered by an AOA staff or volunteer who is very knowledgeable in medical records and coding.
 - ❖ AOA Coding Webinars are provided as an AOA member-only benefit to educate doctors and staff on medical recording keeping and coding.
 - ❖ AOACONnect is a social networking site and features a Coding & Billing Group where AOA members, students, volunteers and staff can share information that specifically relates to coding and billing (connect.aoa.org).
 - ❖ AOACodingToday.com is an AOA member-only benefit available to all AOA members at no cost (previously \$349). CodingToday.com is a Web-based resource for information related to procedure and diagnosis codes, national and local coverage rules, and Medicare relative value information.
 - ❖ AOA.ReimbursementPlus.com Suite, a customized version of the industry-leading CPT Data & Information Service, ReimbursementPlus® is the leading cloud-based service for any information related to procedure and diagnosis codes, fee analysis, CMS reimbursements, national and located coverage rules, CCI edits and any other CPT information desired, all specific to the practitioner's ZIP code. AOA.ReimbursementPlus.com provides critical real-time information that will greatly benefit AOA members in medical coding and compliance within their eye care practices.
 - ❖ Codes for Optometry is provided by the AOA's Order Department for \$135. It is a two-volume set including Current Procedural Terminology® American Medical Association codes and a separate volume of diagnosis codes used in eye care, Medicare's Correct Coding Initiative, the HCPCS codes for reporting materials in Medicare, and the Documentation Guidelines for the Evaluation and Management Services. 2010 is the first year that Codes for Optometry became available on a CD in a searchable format.
 - ❖ *Optometry: Journal of the AOA*, will continue to feature articles on these topics in its Practice Strategies section.
- AOA volunteers and staff have always been devoted to assisting members in dealing with the challenges of everyday practice life, including those related to insurance programs. The AOA is excited to bring this expertise directly to members' offices as a value-added member benefit. Much of these benefits are provided at no cost or at greatly reduced cost to AOA members.



PARAOPTOMETRIC PARTNERS

Baby boomers are coming: is your practice ready?

Optometric practices may not realize it yet, but baby boomers are coming to optometric practices; and they are coming in the millions.

According to M. Thornhill's, "The Boomer Project," every day, almost 11,000 boomers turn 50—that's one every eight seconds. *Boomer Marketing News* reports that by 2030, there will be more than 70 million Americans over age 65, and baby boomers will be reshaping the health care system for generations to come.

How will they impact the health care system?

1. Boomers will require more health care services than any other generation before them because the "over 65" population will nearly double as a result of the aging boomers. They will have new technologies and medical services available to them to help them live longer. *National Vital Statistics Reports* states, at the turn of the last century, U.S. life expectancy was 47 years, now it is estimated to be closer to 77 years.

2. By 2030, more than six out of every 10 boomers will be managing more than one chronic condition. Chronic conditions such as diabetes, obesity, and arthritis will create a demand for continuous medical management in both inpatient and outpatient settings.

3. According to the book "Boomers: The next 20 years," almost 20 percent of boomers are members of minority populations. Boomers are more ethnically and racially diverse. Delivery systems and staff will need to

be sensitive to diversity.

Training may be required in diversity to understand how those differences impact care.

4. Boomers are more educated than previous generations. They will be involved in their medical care, ask questions, seek additional information, and may even use alternative methods for their health care needs.

5. Geographically, states such as Florida, Arizona, California, North Carolina, and Texas may experience substantial growth as the "population shift" puts additional demands on these preferred "retirement" states, as reported in the the Del Webb Baby Boomer survey conducted by Harris Interactive.

6. Boomers will be more judicious when purchasing health care services. Even though they may have more disposable income than their parents, they will need to make their retirement savings last for a much longer period of time.

❖ Workforce shortages – recruiting and retaining paraoptometric staff is critical to meeting the increased needs of the boomer population. What is your staff turnover rate? How easy is it to recruit new staff? Is there an excess or shortage of paraoptometric staff in your area? Will you need to hire another optometrist to meet the needs of caring for so many new patients?

❖ Staff training for diversity – are staff prepared to address the challenges of language and cultural barriers? Will interpreters and outreach workers be needed? Will cultural awareness and sensitivity training be provided for all employees?

❖ Technology –new technology can enhance care, but it is very expensive. Is your practice keeping up with the next wave of technology advances? Are you integrating technology into your future planning? What will be the cost for investments in technology?

Now is not the time to sit back and wait. Now is the time to start planning. The optometric practice will be required to have more resources, new approaches to vision care delivery, and trained, certified staff in place to meet the needs of this growing population. Indeed, baby boomers will be reshaping the scope of care and the demands put upon the health care system. Will your practice actively engage boomers and their families in the eye care health delivery process or fall short in meeting the demands of this ever-increasing population?

For staff training tools, contact PS@aoa.org or call 800-365-2219, ext. 4108.

AOA PS seeks nominees for 2012 Paraoptometric of the Year award

The AOA Paraoptometric Section is seeking nominations for the Paraoptometric of the Year Award (POY).

The award is given annually to the optometric assistant or technician who has made outstanding and worthwhile contributions to the profession of optometry, paraoptometry, and the general public. The nominee's accomplishments are reviewed in the following categories:

- ❖ Service to optometry and paraoptometric associations (office competency, service to paraoptometric state, regional and/or national associations, and contributions of personal time and effort)
- ❖ Participation in public service activities
- ❖ Personal endorsement by the nominating individual

State Paraoptometric of the Year award winners are also eligible for the national nomination, but are not automatically entered in the national contest. Any previously nominated POY Nominees who did not win may be nominated again.

Nominees must be members of the AOA Paraoptometric Section in order to be eligible.

Nominations must be received by the AOA on or prior to Feb. 1, 2012. The award for the 2012 winner will be presented June 28, 2012, during Optometry's Meeting® in Chicago, Ill.

The winner will be featured in a video and will receive a plaque, round-trip airfare to Optometry's Meeting®, three nights' lodging at the headquarters hotel, and \$500 to help defray the travel expenses.

The award has been funded courtesy of Alcon. For a nomination form or more information, contact the AOA Paraoptometric Section at 800-365-2219, ext. 4108 or e-mail MRHarper@aoa.org.



AOA Immediate Past President Joe Ellis, O.D., presents the 2011 AOA Paraoptometric of the Year award to Shoni Sharp, CPOT.

Prepare now and into the future

Optometric practices should be planning strategies to meet the needs of so many new patients in the next decade. Areas to address include:

❖ Space – will your office space accommodate more people in the waiting area, clinic area, and dispensary? If new equipment is purchased will there be enough space to fit it into the areas? Does your plan include improvements for increased patient flow to increase your capacity to treat patients in a timely manner and increase patient satisfaction?





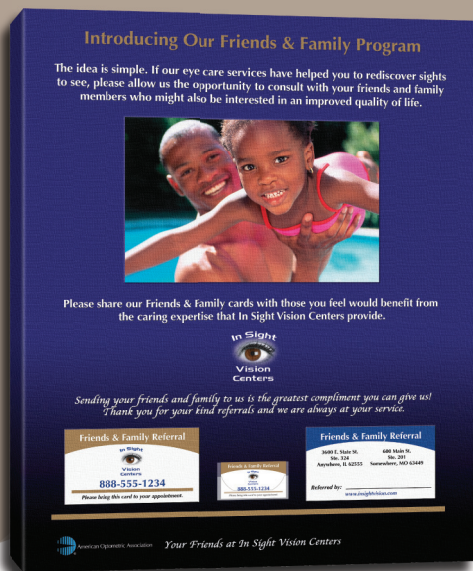
Friends & Family Referrals, Visually Simple

Your Choice of 4 Customized Designs



To Promote "Word of Mouth" Practice Growth

24"x 30" Ready to Display Canvas Artwork Kits



FF-1



FF-2



FF-3

Distribute More Referral Cards with Less Time

Each Branded Practice Growth Kit Features:

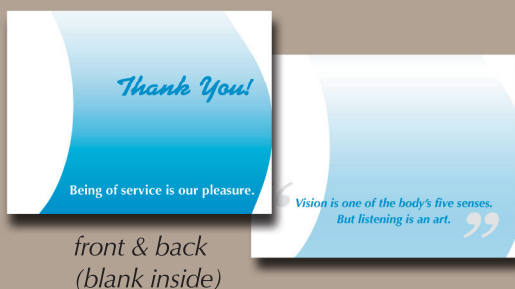
- 1 Large Format Canvas with your logo
 - 1000 Friends & Family Referral Cards with your logo & location information
 - 1 Referral Card Holder for canvas display
 - 1 Display Easel
- takes less than 3 sq. ft. of floor space
- Member Price, only \$299 plus shipping



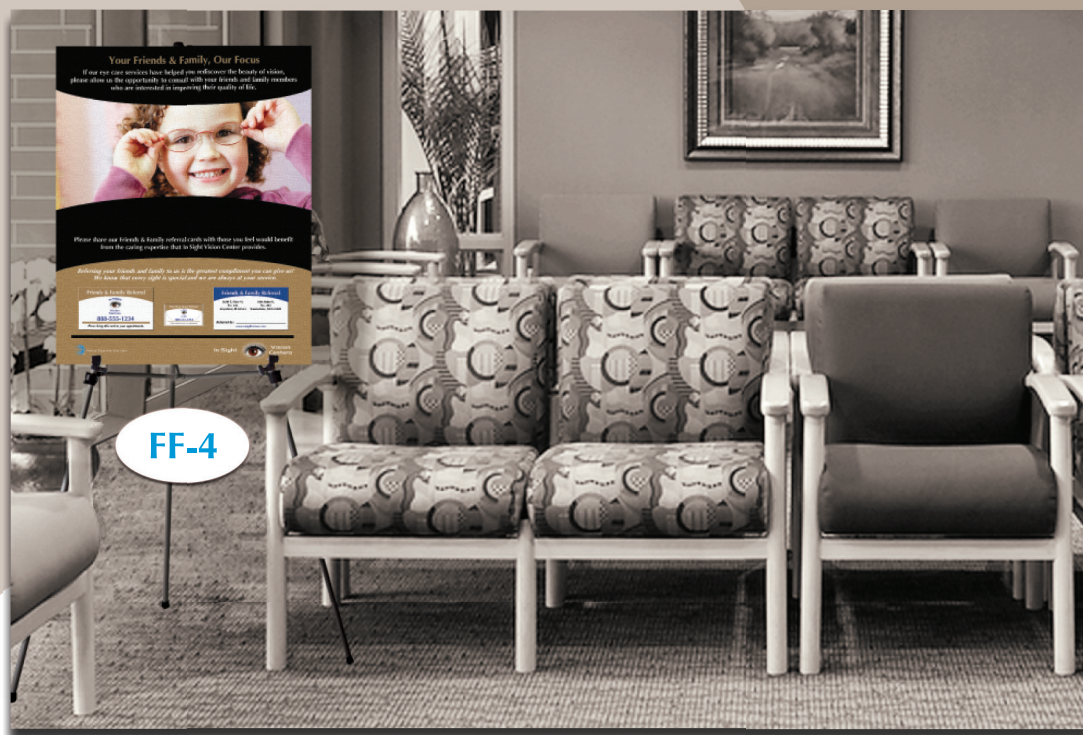
front & back

Referral Cards
(included with each kit)

Thank You Cards
(sold separately)



front & back
(blank inside)



FF-4

Promoting Your Friends & Family Referrals is as easy as 1-2-3

- 1 Display your customized canvas in a highly visible location
- 2 Keep your referral card holder fully stocked
- 3 Mail a Thank You card with more Friends & Family referral cards for each new patient response

Start Building Your Practice Growth Collection Today!

Call the AOA Marketplace at 800-262-2210, visit www.aoapracticegrowth.com or scan this QR Code with your mobile phone.





SPOTLIGHT ON AOA MEMBERS

Ga. OD saves patient at risk for stroke

Georgia practitioner Andrea Washington, O.D., has one very thankful patient.

While performing a dilated eye exam on Craig Marshall, Dr. Washington

severely stenosed. He ended up having surgery and coming back to our office. He said, 'You saved my life.'

Dr. Washington is an independent doctor in a Wal-Mart Vision Center in

"It's humbling to see things we do every day make such a difference."

discovered the patient was at risk of having a stroke.

Marshall had diabetes and was not fully compliant. Dr. Washington found a Hollenhorst plaque in his left eye and also took his blood pressure, which was elevated.

"I told him he needed to see his primary care physician to have his carotid arteries evaluated," Dr. Washington said. "They did the evaluation and found the carotid artery on the left was

Covington, Ga. Marshall was so grateful he sent a letter to Wal-Mart stating how impressed he was with the care and tests he received.

"He was very appreciative because he said he wouldn't have seen his granddaughter if we hadn't caught this," Dr. Washington said. "It's humbling to see things we do every day make such a difference."

Marshall was referred to Dr. Washington by his wife, who is in the medical field.

"He was tough to get in because he doesn't like to go to doctors," said Dr. Washington. "And he thought he had to go to an ophthalmologist, but we finally got him in."

Marshall is now a huge advocate of Dr. Washington and optometry.

"He wants to do a billboard," said Dr. Washington.

Helping patients is why Dr. Washington goes to work every day.

"As a kid I had horrible headaches," she said. "I went to neurologists who all said I was fine, but then I went to an optometrist who said I needed glasses. Then I loved going to the eye doctor. I loved the 'one or two.' I love helping people see. I also love diagnosing medical symptoms and the medical and refractive aspect as a whole."

"Although I am in a retail setting, I am definitely embracing the 'medical

model,'" Dr. Washington said. "I have recently equipped my office with a Humphrey Visual Field, an OCT (optical coherence tomography) and a retinal camera with anterior segment capabilities. This equipment will definitely help me to offer my patients a better quality of care."

Overall, Marshall's case unquestionably stands out to Dr. Washington.

"I've had other cases where I diagnosed things they didn't know they had, but nothing this life-changing," she said. "I go to work every day and help people see, and then I found someone at risk for a stroke. I'm so glad I



Dr. Washington

helped him."

To read local coverage of Dr. Washington and Marshall's story, visit <http://www.covnews.com/section/13/article/22749/>.

Two ODs to serve on drugmaker's new scientific advisory board

California-based InSite Vision Incorporated announced the appointment of a new Scientific Advisory Board (SAB) to help guide and shape its research programs in the development of novel ophthalmic medicines. Members of InSite's SAB represent leaders in ophthalmic research, treatment and clinical drug development, including Richard Lindstrom, M.D., Gary Foulks, M.D., Michael Lemp, M.D., and Kelly Nichols, O.D., Ph.D., MPH. The SAB will be led by InSite's Chief Medical Officer Kamran Hosseini, M.D., Ph.D. Brian Levy, O.D., a member of InSite's Board of Directors, will also participate in all SAB meetings.

"We are very pleased to bring together these key eye care thought leaders to establish the InSite Vision Scientific Advisory Board. Their deep insight into the etiology of important ocular diseases will be instrumental in advancing our therapeutic programs"

"The interest and direct participation of

these world-class medical professionals on our SAB reflects the progress InSite is achieving in the development of ocular medicines," said Dr. Hosseini. "Our SAB members have already made significant contributions to our current clinical development programs, providing input on trial protocols and endpoint design. We look forward to future contributions in the same vein."

Dr. Nichols is a professor at the University of Houston College of Optometry where she currently has a National Institutes of Health grant to study dry eye in postmenopausal women. She serves as a medical advisor to the Sjogren's Syndrome Foundation and sits on the governing board of the Tear Film and Ocular Surface Society and the Ocular Surface Society of Optometry.

Dr. Levy joined the Board of Directors with more than 30 years of industry experience. He is currently the chief scientific officer of Nexis Vision.



Dr. Washington's patient Craig Marshall is shown with his granddaughter, Allie Grace. Dr. Washington noticed signals that Marshall was at risk for stroke and referred him to his primary care physician. Marshall said if it wasn't for the care of Dr. Washington, he would not have made it to see his granddaughter.

Editor's note

AOA News is highlighting the admirable charitable work, exceptional patient care and unique contributions that distinguish members of the American Optometric Association.

Got a story to share?

Drop a line to TLOverton@aoa.org.



AOA launches new contact lens safety Web site

The AOA launched www.ContactLensSafety.org, a new, easy-to-use Web site to help answer consumer questions about contact lens safety.

The AOA Contact Lens and Cornea Section (CLCS) created the site with the

assistance of the American Academy of Optometry (AAO).

"With more than 30 million Americans wearing contact lenses for vision correction, we saw a need to be able to answer questions that may come up outside of nor-

mal business hours," said Thomas Quinn, Jr., O.D., AOA CLCS Council Member. "This site has been created to become a one-stop resource for questions regarding contact lens safety."

A wide range of infor-

mation can be found on the site.

Topics covered include lens replacement schedules, purchasing contact lenses and contact lens wear in various environments.

Also included is the "Ask the Expert" section

where consumers can submit their contact lens question to a panel of experts.

Dr. Quinn cautions that the site offers only information on contact lens safety and is not a substitute for an annual comprehensive eye examination.

AOA announces access to enhanced resource tool for patients, providers

The AOA is pleased to announce that members have access to an advanced point-of-care tool called Ophthalmic Resources On-Demand, the AOA's online resource service for its members.

Ophthalmic Resources On-Demand, different from any other health care Web service available today, is a novel and comprehensive tool that delivers immediate access to ever-expanding offerings, such as pharmaceutical product prescribing information, patient education on products and medical conditions, coupons, patient assistance programs and other resources for provider and patient success in managing medical conditions.

Newly available on the enhanced platform are more than 10,000 commercially available products, covering offerings both within and outside of eye care.

Members will also have the ability to connect with industry and peers, participate in market research and easily find clinical trials suitable for their patients by searching the largest U.S. clinical trial database with an easy-to-use search interface. Coming soon will be an e-prescribing platform.

Always available on the home page of the AOA Web site (www.aoa.org), Ophthalmic Resources On-

Demand provides a single place for members to find a full array of available product resources, easy to search and easy to order, all at no cost.

This "one-stop shop" for resources also provides members significant time savings that they would otherwise spend browsing and surfing the Web for suitable resources for their patients.

"Members will ultimately have access to more of the resources manufactur-

ers offer," said Geoffrey Goodfellow, O.D., AOA Practice Advancement committee member.

Ophthalmic Resources On-Demand works by connecting AOA members to the resources they want, when and where they want it.

It is designed to create an unbiased, no-cost community for doctors of optometry, a solution to the challenge of efficiently aligning available resources.

Series targets eye health for older adults

The National Eye Health Education Program (NEHEP) of the National Eye Institute (NEI) has developed See Well for a Lifetime: An Educational Series on Vision and Aging, a free online toolkit to help people working with older adults in community settings to promote eye health as part of healthy aging.

The toolkit, which includes three educational modules, contains science-based, easy-to-understand tools to educate older adults about age-related eye diseases and conditions, low vision, and the importance of comprehensive dilated eye exams. It includes the following:

- ❖ Background information

on the See Well for a Lifetime Program

- ❖ Tips for using the toolkit
- ❖ Ideas for promoting eye health to older adults in your community
- ❖ A banner for Web sites that links visitors to the toolkit
- ❖ Information on the glaucoma and diabetic eye disease Medicare benefit

The NEHEP urges optometrists to report their efforts to educate older adults about eye health, using the NEHEP Web site (<http://tinyurl.com/NEHEPcontact>). The agency also welcomes suggestions on the development of eye health education initiatives. Download the series at <http://tinyurl.com/NEHEPvisionaging>.

Attention students!

As an active AOSA member, your AOA member benefits are top of the line!

Take advantage of your FREE resources available with one click of the mouse:

<http://www.aoa.org/x4782.xml>

- ❖ AOA Contact Lens & Cornea Section
- ❖ AOA Sports Vision Section
- ❖ AOA Vision Rehabilitation Section

New Medicare ABN to be required Jan. 1

The U.S. Centers for Medicare & Medicaid Services (CMS) is reminding health care practitioners that they will be required to use an updated version of the Medicare Advance Beneficiary Notice of Noncoverage (ABN) form (CMS-R-131) beginning Jan. 1, 2012. Health care practitioners can continue to use older versions of the ABN form – the ABN-G (Form CMS-R-131G), ABN-L (Form CMS-R-131L), and NEMB (Form CMS-20007) – until that time.

The new version of the form contains no substantive changes from the previous version, released in 2008, except for a release date of "3/11" that is printed in the lower left hand corner of the new version. However, use of the new form will be important, the CMS emphasizes.

"ABNs that are issued after Sunday, Jan. 1, 2012, and are prepared using the 2008 version of the notice will be considered invalid by Medicare contractors," the CMS warned in an e-mail message to health care practitioners last month. The CMS released the new version of the form in May of this year and had previously announced it would require practitioners to begin using the updated form on Sept. 1. However, the agency last month postponed the deadline to New Year's Day in order to give providers more time to exhaust inventories of older versions of the form. Practitioners can begin using the new version of the form as soon as they run out of older forms, the CMS said.

The ABN is used to inform patients may not cover all or part of a health care product or service. Old 2008 versions of the ABN that are issued prior to Jan. 1 as long-term notification for repetitive services (delivered for up to one year) will remain effective for the length of time specified on the notice. Information and a copy of the 2011 version of the ABN (form CMS-R-131) can be found online at www.CMS.gov/BNI, under the "FFS Revised ABN" link.

Carlson opens 21st annual GWCO Congress

The Great Western Council of Optometry (GWCO) held its 21st Annual Congress at the Oregon Convention Center, in Portland, Ore., Oct. 6-9, 2011.

The event drew a record crowd of more than 1,200 optometrists, allied ophthalmic professionals, students, vendors, and sponsors.

The Opening General Session started with thanks and awards to outgoing President David Mashidas, O.D., and incoming President Scott Nehring, O.D.

Lori Youngman, O.D., was named OD of the Year, and AOA President Dori Carlson, O.D., gave the

opening presentation.

An exceptional speaker lineup filled all the classrooms to capacity: Marc R. Bloomenstein, O.D.; Aaron Bronner, O.D.; Mile Brujic, O.D.; Diane Drake; Mark

Marketplace participants were greeted with leis while Hawaiian dancers and singers added to the atmosphere.

The highlight of the GWCO Congress was the President's Reception where Dr. Nehring was welcomed with a Tailgate Party in honor of his love for the Oregon Ducks college football team.

Football games were broadcast on large screens throughout the ballroom.

Dr. Nehring took his presidential seat of honor (a Ducks director chair) in the back of a pickup truck stocked with his favorite refreshments and Duck paraphernalia.

For more information, visit www.gwco.org.

Lori Youngman, O.D., was named OD of the Year.

Dunbar, O.D.; Cathy J. Evans; Ian Benjamin Gaddie, O.D.; Eva Kroneker; David Mashidas, O.D.; Scott Morris, O.D.; Kelly K. Nichols, O.D., Ph.D., MPH; William V. Padula, O.D.; Mark F. Tafoya, O.D., M.D.; Stanley Teplick, M.D.; William Townsend, O.D.; and Doug Devries, O.D. Exhibit Hall

Manual,

from page 26

Word. From there, one can add and delete text to customize the existing manual to the practice.

One such example would be the Eyecare Practice Tool Kit available through Mosby

- ❖ Employee benefits
- ❖ Office policies
- ❖ Office procedures

Practitioners should be sure to include details such as health insurance, dress codes, work schedules, over-

one situation.

By using terminology such as "included but not limited to the following" or "examples such as," practitioners will grant themselves more flexibility in enforcing the policies of their office manuals.

Office manuals are considered legal documents, so practitioners will need to implement exactly the policies they create.

Lastly, there will always be a need to create new policies or procedures as time passes.

Practitioners will need to tweak the wording of existing information to keep it current. An office manual that is out of date will not be used effectively.

Get started on an optometric office manual today. The finished product will promote an excellent working environment in one's practice.

For information on AOA practice management resources, visit www.aoa.org/PracticeAdvancement.

Elsevier.

The topics included in the office manual should be specific to the office. However, the following content areas are generally included:

- ❖ Mission of the practice
- ❖ Job descriptions
- ❖ New employee information
- ❖ Personnel policies and guidelines
- ❖ Conditions of employment

time, maternity leaves, and employment termination.

The Career Advocate for the New Practitioner resources available at www.aoa.org/careeradvocate also provide some helpful information for creating an optometric office manual.

Beware of being too specific in the policies or job descriptions sections of the office manual. It may be difficult for a very specific rule to be applied beyond that



From left, Jeff Sakai, O.D., GWCO president-elect; Brian Kubo, O.D., GWCO Hawaii director; Scott Nehring, O.D., GWCO president; Eugene Young, O.D., GWCO past president, and Derrick Abe, O.D., Hawaii Optometric Association president.

Aspirin found to increase risk for late-stage AMD

A new study finds older adults who take aspirin daily are twice as likely to have late-stage age-related macular degeneration (AMD).

Because aspirin interferes with the blood's clotting action, many general practice medical doctors and cardiologists recommend their older adult patients take an aspirin [acetylsalicylic acid (ASA)] daily to reduce risk of heart attack and stroke.

Researchers conducting the European Eye Study (EUR-EYE) at the Netherlands Institute for Neuroscience and Academic Medical Center emphasize that the benefits of aspirin in preventing coronary problems generally far outweigh any adverse effects the drug could have on vision. However, with the study drawing coverage from Reuters and other major news organizations, it may prompt questions from patients who are diagnosed with, or at risk for, AMD, the AOA Clinical and Practice Advancement Group (CPAG) notes.

"If a patient has early stages of AMD, or a strong family history of AMD, and is taking ASA daily, the optometrist should recommend they speak with their cardiologist or internist about the risks, but not discontinue the ASA until they discuss both the risks and the benefits of using the drug," said Beth A. Kneib, O.D., AOA CPAG interim director.

"It's an opportunity for optometrists to broaden the conversation with other health care professionals about eye health and systemic medications that can affect the visual system," Dr. Kneib said. "Many of these patients are on ASA for important health reasons and their benefits may outweigh their risks; however, there may also be alternative medications that the patient could use and it's important to start that dialogue."

"The importance of not just stopping the use of ASA was made clear by the study authors," Dr. Kneib noted.

"A healthy eye with full visual capacities is of no use in a dead body," lead researcher Paulus de Jong told Reuters. The researchers found that aspirin use was not tied to the dry AMD or to earlier stages of wet AMD.

The study appears in the September edition of *Ophthalmology: Journal of The American Academy of Ophthalmology*.



Abbott Medical Optics

Alcon

Allergan

Bausch + Lomb

CIBA VISION
Corporation

CooperVision

Essilor of America

HOYA Vision Care

Johnson & Johnson
Vision Care, Inc

Kemin Health

Luxottica Group

Marchon Eyewear

Optos

Shamir

TLC Vision Corporation

Transitions Optical

VisionWeb

Industry Profile is a regular feature in AOA News allowing participants of the Ophthalmic Council™ to express themselves on issues and products they consider important to the members of the AOA.

Industry Profile: VisionWeb

VisionWeb is the leading provider of software and technology services designed to streamline and simplify the eye care industry. VisionWeb has created easy-to-use, electronic solutions for insurance transaction processing and ophthalmic product ordering. These solutions help eye care practices drive out inefficiency, increase customer satisfaction, and improve their bottom line.

VisionWeb's suite of insurance services makes processing claims and managing billing procedures more efficient than ever before. Using VisionWeb, a practice can manage all of its commercial and government payers in one convenient, online location. There is no longer a need to visit multiple sites when checking eligibility, submitting and tracking claims, and managing electronic remittance advices (ERA). Since VisionWeb's claim filing services are available online, every step of the reimbursement cycle can be managed without picking up the phone. VisionWeb is also equipped with error-checking features and detailed reporting and analytics for your claims. As a result, claim acceptance improves and reimbursement time decreases. And unlike other clearinghouses, VisionWeb only serves the eye care industry, so they understand the unique insurance needs of today's busy eye care practice.

As part of the AOA's Member Advantage team, VisionWeb is dedicated to providing a complete electronic claim filing solution that AOA members can rely on, at a cost every practice can afford. AOA members who enroll with VisionWeb as a new customer will receive \$0 enrollment fees and 15 percent off monthly fees – an instant savings of \$370! (Practices already filing claims with VisionWeb are eligible for the 15 percent monthly fee discount.) These offers are available exclusively for AOA members!

VisionWeb's online ordering service is free for eye care providers to use and makes it easier than ever to manage ophthalmic product ordering. VisionWeb has connections with hundreds of spectacle lenses, contact lenses, and frames suppliers. This broad connectivity allows practices that use VisionWeb to experience the benefits of online ordering, while maintaining their relationships with the suppliers they know and trust. The service is also equipped with useful features like trace file uploading, which helps ensure accurate order processing, and online order tracking that gives the practice access to realtime information without having to call their lab. For added convenience, VisionWeb's online ordering service is integrated with over 15 industry-leading practice management systems, allowing users to order electronically to their suppliers without having to access the VisionWeb site or re-key order information. Best of all, it's 100 percent free to use!

Recognizing the benefits of VisionWeb's services, the AOA partnered with VisionWeb to help bring convenient ordering to the practice through VisionWeb's AOA Royalty Program. This program allows eye care providers to contribute non-dues revenue to their state affiliate, just for ordering on VisionWeb. VisionWeb pays a royalty to participating AOA affiliates each time its members place an order through VisionWeb. In 2011, VisionWeb paid \$53,494 in royalty payments to participating state affiliates.

State affiliates must agree to participate in order to receive these royalties. AOA state affiliates that would like to learn more or enroll their state in the program are encouraged to contact VisionWeb at marketing@visionweb.com.

Visit www.visionweb.com to learn more.



Shamir introduces 'relaxing' lens

Shamir focused on its latest product release, Shamir Relax™, at Vision Expo West at the end of September.

Utilizing its Sales App, attendees who stopped by Shamir's booth were able to watch a short video on Shamir Relax™, which led them on an educational journey hosted by Shamir's animated spokesman, Mr. Progresso. The video provided an overview of Shamir's latest fatigue-relief lens design, Relax™, in a fun and unique way.

Shamir Relax™ is designed to ease the strain normally associated with prolonged accommodation. Shamir Relax™ is a single-vision, fatigue-relief lens that relieves strain on the eye muscles and helps patients feel more energized and refreshed at the end of the day.

The benefits and facts of Shamir Relax™ include:

- ❖ Fatigue-relief solution for single-vision patients
- ❖ No distortion or swim
- ❖ Reduces lens accommodations by 30 percent
- ❖ 16mm fitting height

❖ Suitable for non-prescription patients who experience visual fatigue

Vision Expo West attendees also had the option to view Shamir's introductory video, "The Magical World of ReCreating Perfect Vision®," which provides a look at Shamir's semi-finished and Freeform® progressive designs as well as information about their proprietary technology utilized to design each of their products, EyePoint Technology®.

"We are always excited to introduce a new product in a unique way that allows the audience to get involved and have fun. We wanted attendees to gain the vital information about our latest product, but we also wanted them to enjoy themselves in the process. Our video and promotion was the perfect combination to educate our visitors on Shamir Relax™ and still have a fun and memorable experience at our booth," said Matt Lytle, vice president of sales and marketing.

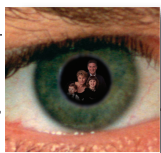
To view Shamir's video online, visit www.youtube.com/shamirinsight.

Studies show zeaxanthin lowers risk for AMD

ZeaVision, LLC announced that three recent groundbreaking studies demonstrate that zeaxanthin, the predominate protective pigment in the back of the eye, reduces the risk for age-related macular degeneration (AMD) and benefits the treatment of advanced AMD. In 2011, two studies in Europe and Asia demonstrate that zeaxanthin lowers AMD risk. A study from the Erasmus Medical Center Rotterdam in the Netherlands demonstrates that nutrients—specifically dietary zeaxanthin—reduce the risk of early AMD.

The Beijing Tongren Eye Center in China recently published data indicating a direct correlation between higher blood serum levels of zeaxanthin and a 96 percent reduction of developing AMD. The third and most recent study in the United States, from the Retina Center of St. Louis, shows that an additional 20 mg/per day of zeaxanthin to patients undergoing therapy for advanced or wet AMD significantly reduces the number of invasive treatment cycles required.

While Zeaxanthin is naturally found in the macula as the primary protective carotenoid, it is difficult to replenish through the average daily diet. ZeaVision's EyePromise® brand of all-natural nutraceuticals includes patented formulas that contain the highest daily doses of zeaxanthin available, derived from paprika peppers. For more, visit www.zeavision.com/stlretinastudy.



Radio podcast features SVS OD

Vision, just like speed and strength, is an important component in how well you play your sport. But, there is much more to vision than just seeing clearly. On the new edition of Healthy Vision™ with Dr. Val Jones, optometrist and researcher Graham Erickson, O.D., talked with Dr. Val

running backs need a mix of central and peripheral vision to see the hole developing so that they can run through it.”

In addition to offering advice on how to keep eyes healthy for better performance, Dr. Erickson also shared some simple exercises that professional athletes, weekend warriors, and young competi-

ners to fight the temptation of looking sideways during a race.

“It slows you down. Just rely on what’s in front of you,” she said.

Healthy Vision™ with Dr. Val Jones is devoted to educating and improving the eye health of Americans. The program is supported by Acuvue® Brand Contact Lenses and is hosted by Val Jones, M.D., chief executive officer of Better Health, LLC, a network of popular health bloggers, and author of, “Dr. Val and the Voice of Reason,” which won The Best New Medical Blog award in 2007.

Free podcasts of Healthy Vision™ with Dr. Val Jones can be found in the iTunes® Store (for best results, search for the show by its complete title. You will find it in LifeMinute.TV Health), BlogTalk Radio (www.blogtalkradio.com/healthyvision) and on <http://getbetterhealth.com/healthyvision>. A link to the show also can be found at www.acuvue.com/healthyvision.

Dr. Erickson shared some simple exercises that professional athletes, weekend warriors, and young competitors can do at home to get their attention more focused on their visual system.

about the relationship between vision and sports performance, and Olympic champion sprinter Allyson Felix explained how good vision helps her cross the finish line ahead of the pack.

Doctors estimate that up to 80 percent of the information we take in during sports comes from our eyes. But, according to Dr. Erickson, who is the immediate past chair of the AOA Sports Vision Section, and who has studied the impact of vision on sports performance and has worked with hundreds of athletes to maximize their vision for individual sports and lifestyle, different sports require different vision skills, such as visual clarity, good peripheral vision, central vision, depth perception, and visual motor processing. And in a sport like football, there are even different visual demands for each position.

“If you think of a lineman, peripheral vision and their ability to pick up and react to movement defines their success on the field beyond their strength and size,” he said to Dr. Val. “Quarterbacks and receivers need to have excellent distance vision and depth perception to pass or receive the ball, while

tors can do at home to get their attention more focused on their visual system.

Olympic champion sprinter Allyson Felix told Dr. Val that having as few visual distractions as possible is a critical part of helping her perform at a high level.

Felix advised fellow run-

Miraflex introduces new options in children's frames

Recognized for its award-winning, distinctive frames designed for active children, Miraflex, Inc. introduces a new kid's collection of colorful, playground-friendly and classroom-ready styles for every child who wears glasses. Miraflex is introducing a new metal-free option with the launch of their new Terry Flex collection (TR90), made from nylon materials that provide a similar look and feel to traditional frames. Miraflex broke the mold with its exclusive, unbreakable, lightweight, made-in-Italy line of flexible frames that fit every child's taste for style and creativity. For more information, visit www.miraflexglasses.com.



Industry Profile: Luxottica

Go to www.luxottica.com

Promoting the growth and overall health of the industry

Luxottica is deeply committed to supporting independent practitioners and optical retailers with investments to benefit the whole industry and those in need.

Creating real change

Luxottica, Essilor and VSP Global joined forces to create and execute the groundbreaking Think About Your Eyes campaign, a multimillion-dollar two-year public awareness initiative aimed at increasing consumer consciousness of the importance of vision health and regular eye exams. Using television and radio advertisements and social media channels, the campaign educates consumers on the vital role comprehensive eye exams play in the effort to monitor and maintain good overall health.

Making informed selections of brands and frames

Our sales consultants partner with doctors of optometry to remain in touch with patient demands and the needs of industry professionals, ensuring the most appropriate selection of frames for every practice. Luxottica's portfolio of world-class brands offers superior quality and styles for every taste and budget. These elements are critical to patient satisfaction and compliance as well as the growth of every optometric practice.

Expanding learning initiatives

Education has always been an integral part of the Luxottica culture, and we continue to make great progress in the way in which we provide learning opportunities for the industry. The approach we take to sharing information is becoming more comprehensive and continuing to evolve as we take advantage of new and changing technologies.

Supporting optometry, now and in the future

For many years, Luxottica has granted funds to the AOA for the various programs, including the AOA Ophthalmic Council™, AOA Summit meetings, local and regional events, and state programs, such as the AOA's Healthy Eyes Healthy People® project. These programs, together with our grants to optometry schools, are just a few of our many investments in the future of optometry.

Giving back

OneSight, Luxottica Group's charitable foundation, is dedicated to improving vision throughout the world. Since 1988, our global and regional clinics have provided free vision care and eyewear to more than 8 million people in need.

It is our firm belief that by working together, we can achieve great success, industry growth and prosperity for all.



MEETINGS

November

West Virginia Association of
Optometric Physicians
Annual Congress
November 10-13, 2011
Embassy Suites, Charleston, WV
304/720-8262
www.wvaop.org

ARIZONA OPTOMETRIC
ASSOCIATION
FALL CONGRESS
November 11-13, 2011
Hilton Sedona Resort
Sedona, AZ
800/346-2020
azoa@azoa.org
http://arizona.aoa.org

SALUS UNIVERSITY
ABO Board Certification Review
Course
November 11-13, 2011
Salus Campus, Elkins Park, PA
402/680-4634
www.pco.edu

FLORIDA OPTOMETRIC
ASSOCIATION
BOARD CERTIFICATION PREP
COURSE
November 11-13, 2011
Hilton Ft. Lauderdale Airport, Ft.
Lauderdale, FL
800/399-2334
kellie@floridaeyes.org
www.florida.aoa.org

KANSAS OPTOMETRIC
ASSOCIATION
FALL EYECARE CONFERENCE
BOARD CERTIFICATION REVIEW
November 18-20, 2011
Airport Hilton, Wichita, KS
785/232-0225
info@kansasoptometric.org
www.kansasoptometric.org

December

UNIVERSITY OF ALABAMA
SCHOOL OF OPTOMETRY
EVENING OF EDUCATION
December 1, 2011
UABSO, Henry Peters Building,
Birmingham, AL
Candie Bratton
205/934-5701
cbratton@uab.edu
www.uab.edu/optometry

MARYLAND OPTOMETRIC
ASSOCIATION
ANNUAL CONVENTION &
CONTINUING EDUCATION
FORUM
BOARD CERTIFICATION PREP
COURSE
December 2-4, 2011
Hyatt Regency Baltimore, Baltimore,
MD
Kristen Philips
410/727-7800
FAX: 410/752-8295
moa@assnhqtrs.com
www.marylandeyes.org

January

EYECARE ASSOCIATES
CONTINUING EDUCATION
CONFERENCE
January 13-14, 2012
Williamsburg Marriott, Williamsburg,
VA
eca_linda@hotmail.com

TROPICAL CE
January 28-February 4, 2012
Belize
www.tropicalce.com
sautry@tropicalce.com
February 2012

February

MICHIGAN OPTOMETRIC
ASSOCIATION
WINTER SEMINAR
February 1-2, 2012
Kellogg Hotel & Conference Center,
East Lansing, MI
Amy Possavino
517/482-0616
FAX: 517/482-1611
amy@themoa.org
www.themoa.org

HEART OF AMERICA CONTACT
LENS SOCIETY
Contact Lens and Primary Care
Congress
February 17-19, 2012
Hyatt Regency-Crown Center,
Kansas City, MO
Dr. Steve Smith
918/341-8211
registration@hoacsls.org
www.hoacsls.org

SECO INTERNATIONAL 2012
February 29-March 4, 2012
Georgia World Congress Center,
Atlanta, GA
770/451-8206, ext. 13
bfripp@secostaff.com
www.seco2012.com

March

MONTANA OPTOMETRIC
ASSOCIATION
MOA 2012 BIG SKY
CONFERENCE
March 1-3, 2012
Huntley Lodge, Big Sky, MT
406/443-1160
sweingartner@rmsmanagement.com
www.mteyes.com

26TH ANNUAL EYE SKI
CONFERENCE
March 4-9, 2012
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tandbkime@buckeye-express.com
www.eyeskiutah.com

OPTOMETRIC EXTENSION
PROGRAM FOUNDATION
CALIFORNIA REGIONAL VISION
THERAPISTS FORUM
March 9-10, 2012
Crowne Plaza Hotel, San Diego,
CA
Lyna Dyson, COVT
visionhlp@juno.com
888/233-9527

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March 10-17, 2012
St. Thomas
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sautry@tropicalce.com

April

OKLAHOMA ASSOCIATION OF
OPTOMETRIC PHYSICIANS
ANNUAL SPRING CONGRESS
April 13-14, 2012
Embassy Suites and Convention
Center, Norman, OK
Heatherlyn Burton
405/524-1075
FAX: 405/524-1077
heatherlyn@oaop.org

WEST FLORIDA OPTOMETRIC
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April 20-22, 2012
Sandestin Hilton Beach Resort
850/279-4361
opttom@hotmail.com
www.wfoameeting.com

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CONVENTION
ARKANSAS OPTOMETRIC
ASSOCIATION
April 26-29, 2012
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Misty Engler, Membership Director
501/661-7675
FAX: 501/372-0233

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785/232-0225
info@kansasoptometric.org

May

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EDUCATIONAL CONFERENCE &
EXPOSITION
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ANNUAL MEETING & SPRING
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Grand Rapids, MI
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FAX: 517/482-1611
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UNIVERSITY
ANNUAL MAY EYE CARE
CONFERENCE & ALUMNI
REUNION
May 18-20, 2012
Fort Lauderdale, FL
954/262-4224
oceaa@nova.edu

June

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June 7-17, 2012
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June 27-July 1
Chicago, IL
www.ototmetrismmeeting.org

July

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sautry@tropicalce.com

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July 8-18, 2012
Fort Lauderdale, FL
954/262-4224
oceaa@nova.edu

Northern Rockies Optometric
Conference
July 20-22, 2012
Jackson, Wyoming
Coby Ramsey, O.D.
cramsey@wyoming.com

August

NOVA SOUTHEASTERN
UNIVERSITY
SUPER SUNDAY #1
August 19, 2012
Orlando, FL
954/262-4224
oceaa@nova.edu

September

Nova Southeastern University
Fall Conference
September 8-9, 2012
Fort Lauderdale, FL
954/262-4224
oceaa@nova.edu

October

Michigan Optometric Association
44th Annual Fall Seminar
October 10-11, 2012
Lansing Center, Lansing, MI
Amy Possavino
517/482-0616
FAX: 517/482-1611
amy@themoa.org
www.themoa.org

**To submit an item for the
meetings calendar,
send a note to
eventcalendar@aoa.org.
Please allow several
months' lead time.**



SHOWCASE



ILLINOIS COLLEGE OF OPTOMETRY Vice President and Dean for Academic Affairs

Location: Chicago, IL

Posted: October 1, 2011

Application Due: January 15, 2012 Position Available: July 1, 2012

Illinois College of Optometry invites applications for the position of Vice President and Dean for Academic Affairs. The position reports directly to the President, functions as the College's chief academic officer, serves on the President's Administrative Cabinet and provides visionary and dynamic leadership for all academic programs.

The ideal candidate will possess: an earned doctorate or its equivalent; demonstrated success in an administrative academic leadership position, familiarity with assessment and accreditation procedures, demonstrated applied knowledge of best practices in higher education; excellent communication abilities; familiarity with the administration and development of curricular and clinical learning programs; familiarity with academic service learning; an ability to foster collegiality through shared governance; evidence of successful, enthusiastic teaching; appreciation for optometric education and the close relationship it has to patient care; and a commitment to professional/graduate education in optometry and vision sciences. As an indication of that commitment, the ideal candidate will maintain credentials within the Illinois Eye Institute.

It is essential that the applicant can successfully implement a progressive and collaboratively generated program for promoting excellence in clinical optometric education.

Nominations and applications will be confidential. Applications should include a letter outlining the applicant's background, qualifications, and vision for the position, curriculum vita/résumé, and contact information for three professional references.

Materials should be submitted electronically in a Word or PDF file to VPAAsearch@ico.edu. Review of applications will begin immediately and will continue until the position is filled. The successful candidate will assume duties no later than July 1, 2012.

Confidential inquiries and questions may be directed to: Mrs. Laura Rounce,
Vice President for Administration
Illinois College of Optometry
3241 S. Michigan Avenue, Chicago, IL 60616
312-949-7040
LRounce@ico.edu

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- Pediatric and Binocular Vision

Residency positions with an area of emphasis involve primary eye care as well as specialty services. Clinical schedules vary by area of emphasis and may include general ophthalmology, neuro-ophthalmology, retina, glaucoma, cornea, pediatric optometry and/or ophthalmology, contact lenses, binocular vision and vision therapy, geriatrics and low vision.

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- Direct patient care
- Urgent care of patients
- Laboratory teaching of students
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- Delivery of educational lectures
- Journal review and educational conferences

Visit our website for more information:

<http://optometry.nova.edu/residency/internal/index.html>

or contact

Lori Vollmer, OD, FAAO
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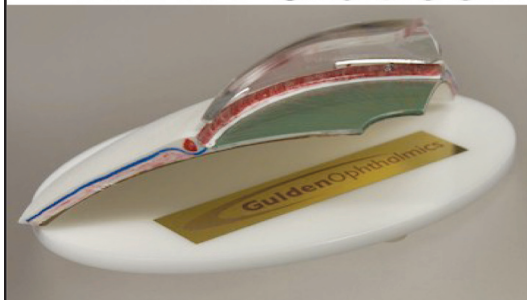
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FERRIS STATE UNIVERSITY

TENURE-TRACK FACULTY POSITIONS

The Michigan College of Optometry at Ferris State University invites applications for two full-time tenure track positions available in January 2012.

The successful applicants will assume duties in patient care and teaching in the clinic, classroom, and laboratories. At the time of appointment, applicant must hold a Doctor of Optometry degree (O.D.), have or be eligible to obtain a Michigan optometry license with TPA certification. At time of appointment, applicant must have completed an accredited optometric residency, or have an equivalent degree or equivalent experience in patient care. Opportunities to develop in the area of clinical administration are also available. It is preferred for the applicants to have experience working within a team teaching environment. The applicants will be expected to develop in the areas of patient care, teaching, scholarly/professional activities, and leadership.

Position One, Primary Care - Applicants should demonstrate experience and interest in clinical and didactic instruction in primary care optometry with an emphasis in teaching basic and advanced medical/optometric procedures.

Position Two, Pharmacology - In addition to the O.D. degree, ideal applicants would hold a degree in Pharmacy or Pharmacology and/or have experience and interest in teaching general and ocular pharmacology.

The Michigan College of Optometry offers a collegial environment and excellent career development opportunities for faculty at all career levels. Salary and academic rank is dependent on qualifications, experience and evidence of an ability to develop in the applicant's area(s) of interest.

To apply, access the electronic applicant system by logging on to <http://employment.ferris.edu>.

Review of applications will begin immediately and continue until the positions are filled.

Ferris State University is sincerely committed to being a truly diverse institution and actively seeks applications from women, minorities, and other underrepresented groups.

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PACIFIC UNIVERSITY COLLEGE OF OPTOMETRY

ASSOCIATE DEAN FOR ACADEMIC PROGRAMS

Pacific University, a prestigious private institution that blends a College of Optometry, College of Health Professions, College of Education, and a College of Arts & Sciences, is located in the Portland metropolitan area, one hour from the Cascade Mountains and Pacific Ocean. Optometry and master's students enjoy a rich educational environment, learning full-scope optometry with state-of-the-art educational, research, and clinical technology.

Pacific University College of Optometry is seeking applicants for the position of Associate Dean of Academic Programs (ADAP). The ADAP works with the Dean and Associate Dean of Clinical Programs to facilitate excellence in teaching and scholarly development among the faculty, maintain a state-of-the-art academic/educational program, and represent the College at the local, state, and national level in matters relating to academic programs and academic officers. Specific duties and responsibilities are available upon request.

The successful candidate should hold the O.D. degree or its equivalent. An advanced academic degree; academic, administrative, and clinical experience; and excellent communication and consensus-building leadership skills are essential.

SUBMIT ▶ Candidates should submit electronically a letter of interest; a current, comprehensive curriculum vitae; and three references to Denise Goodwin, O.D. at goodwin@pacificu.edu

DEADLINE ▶ Applications are encouraged by **December 1, 2011**, but will be accepted until the position is filled.

pacificu.edu/optometry

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UAB SCHOOL OF OPTOMETRY Department of Optometry

Pediatric and Primary Eye Care Faculty Position Department of Optometry, School of Optometry University of Alabama at Birmingham

The University of Alabama at Birmingham, School of Optometry, Department of Optometry, invites applicants for a faculty position available Spring or Summer 2012 in the area of Pediatric and Primary Eye Care or Ocular Disease. This position is to be a nontenure-earning or tenure-earning position at the rank of assistant professor or associate professor, depending on the successful candidate's qualifications and experience.

Applicants for this position in the Department of Optometry must possess the Doctor of Optometry degree and have completed an A.C.O.E. accredited residency or fellowship program, Master of Science or Doctor of Philosophy degree, or have equivalent clinical and academic experience. Evidence of development in the areas of scholarship and patient care is important. The successful candidate may be assigned clinical, classroom, and laboratory teaching responsibilities, and will have scholarship and service requirements. Preference will be given to candidates who have shown the acumen to contribute in research and who can teach courses and clinics in pediatric eye care and primary care optometry or ocular disease. This position entails active participation in clinically oriented research or other scholarly activities.

A curriculum vitae, statement of clinical teaching and research interests, and names and addresses of three professional references should be sent to:

William J. Benjamin, O.D., M.S., Ph.D.
Professor and Interim Chair
Department of Optometry, School of Optometry
1716 University Blvd.
University of Alabama at Birmingham
Birmingham, AL 35294-0010

Deadline for receipt of applications is October 30, 2011 or until the position is filled.

The University of Alabama at Birmingham is an Affirmative Action Equal Opportunity Employer. Women, minorities, individuals with disabilities and veterans are encouraged to apply.



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INFORMATION OPTIONS:

WWW.EYESKIUTAH.COM

E-MAIL: tandbkime@buckeye-express.com

WRITE: EYE SKI 4021 Sylvania Ave. Toledo, Ohio 43623

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APPLICATION DEADLINE
January 31, 2012

UH College of Optometry is a premiere optometric educational institution that offers a progressive and dynamic approach to advanced training through residency programs, patient care and research. The UH Health and Biomedical Sciences Center featuring the Vision Institute (under construction) will lead the way in expanding the optometric profession with an ambulatory surgical center, innovative state of the art laboratories and other facilities.



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SCHOOL OF OPTOMETRY
Department of Optometry

Cornea/Contact Lens and Refractive Eye Care Faculty Position Department of Optometry, School of Optometry University of Alabama at Birmingham

The University of Alabama at Birmingham, School of Optometry, Department of Optometry, invites applicants for a faculty position available Summer or Fall 2012 in the area of Cornea/Contact Lenses and Refractive Eye Care. This position is to be a nontenure-earning or tenure-earning position at the rank of assistant professor or associate professor, depending on the successful candidate's qualifications and experience.

Applicants for this position in the Department of Optometry must possess the Doctor of Optometry degree and have completed an A.C.O.E. accredited residency or fellowship program, Master of Science or Doctor of Philosophy degree, or have equivalent clinical and academic experience. Evidence of development in the areas of scholarship and patient care is important. The successful candidate may be assigned clinical, classroom, and laboratory teaching responsibilities, and will have scholarship and service requirements. Preference will be given to candidates who have shown the acumen to contribute in research and who can teach courses in contact lenses and refractive eye care including management of other optical corrective modalities. This position entails active participation in clinically oriented research or other scholarly activities.

A *curriculum vitae*, statement of clinical teaching and research interests, and names and addresses of three professional references should be sent to:

William J. Benjamin, O.D., M.S., Ph.D.
Professor and Interim Chair
Department of Optometry, School of Optometry
1716 University Blvd.
University of Alabama at Birmingham
Birmingham, AL 35294-0010

Deadline for receipt of applications is November 30, 2011 or until the position is filled.

The University of Alabama at Birmingham is an Affirmative Action Equal Opportunity Employer. Women, minorities, individuals with disabilities and veterans are encouraged to apply.



University of Missouri-St. Louis

Tenure Track Faculty Positions

The University of Missouri-St. Louis College of Optometry seeks tenure track faculty members (2) to contribute to expansion of the graduate program in Vision Science. The College of Optometry includes a 4-year professional degree (OD) program and post-professional residency programs. For further information on the College see UM-St. Louis College of Optometry.

Qualifications: PhD and/or an OD; post-doctoral research or equivalent experience is highly desirable. Candidates must possess appropriate training and/or experience necessary to develop and lead programs of funded applied or clinical research.

Responsibilities: Maintain a program of funded research; mentor graduate students; provide instruction for graduate and professional students in classroom, laboratory or seminar setting; willingness to explore alternative teaching styles such as learner-centered, case-based approaches.

Priority will be given to applicants with significant current research accomplishment and demonstrated ability to attract significant extramural funding, although those with new or emerging research programs are also encouraged to apply. Research areas of particular interest are electrodiagnostics, cognitive neuroscience, infant vision, low vision and pathophysiology of ocular disease but other areas will be considered as well. Academic rank and tenure will be commensurate with qualifications.

Competitive salary and start-up funds will be provided. Applications will be considered at all ranks. The search will remain open until candidates are appointed. Review of applications will begin immediately. Applicants should submit electronically: a CV, statements of research and teaching interests, names of three professional references and reprints of three recent publications sent to:

Maria Ahrens (taylormb@umsl.edu)
Administrative Assistant to the Faculty
University of Missouri St. Louis College of Optometry
One University Boulevard, St. Louis, MO 63121-4499

Electronic submissions preferred. For further information, contact Maria (314) 516-5616

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*University of Alabama
at Birmingham
School of Optometry*

RESIDENCY POSITIONS AVAILABLE

Positions are available in each of our in-house residency programs in Cornea and Contact Lenses, Family Practice Optometry, and Pediatric Optometry to commence June 2012. Salary for each position is \$37,644.00. Applicants must possess an O.D. degree from an accredited professional optometric program and must have passed Parts I, II, and III of the NBEO.

Additional residency positions are available at our affiliated programs: Ocular Disease at Omni Eye Services of Atlanta; Ocular Disease at Vision America of Birmingham; Hospital-Based / Primary Care Optometry at the Tuscaloosa, AL VAMC; and Geriatric and Low Vision Rehabilitative Optometry at the Birmingham VAMC.

Deadline for ORMS application (www.optometryresident.org) is February 1, 2012. Program website may be found at www.uab.edu/optometryresident. Requests for additional information should be addressed to:

Lisa L. Schifanella, O.D., M.S.
School of Optometry
University of Alabama at Birmingham
Birmingham, Alabama 35294-0010
lschif@uab.edu

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Optometrist Wanted Privately owned multi-location optometric practice has an opening for a full-time optometrist in Bangor, ME. Established practice with state of the art equipment, certified support staff, and EMR. Offering excellent compensation package. Send c.v. to: Paul Wheeler, Chief Operating Officer Smart EyeCare Center 255 Western Avenue Augusta, ME 04330 pwheeler@smarteyecare.com

Practice for Sale

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Miscellaneous

DO YOU WANT MORE VISION THERAPY PATIENTS? Are you tired of seeing patients walk out the door without getting the care that they need? Why wait until another patient says "If insurance doesn't cover it...?" Call today and find out how to ensure patients follow through with vision therapy regardless of insurance coverage. Expansion Consultants, Inc.: Specialists in consulting VT practices since 1988. Call 818-248-3823, ask for Toni Bristol.

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VOSH-INTERNATIONAL NEEDS YOUR OUTDATED EQUIPMENT!!

How would you like to donate your outdated equipment to a worthy cause and receive a *tax deduction* at the same time? VOSH-INTERNATIONAL with the support of WCO and UNESCO has embarked on a program of equipment-technology transfer to fledgling Optometry programs in South America and Africa. This is being done with a new partner IMEC (International Medical Equipment Collaborative); a non-profit 501c3 that gathers, services, cleans and packages entire eye clinics, hospitals and other medical facilities and ships them to an organization that gives them a second life.

Please look through your garage, closets, basement for all your unused books, equipment, instruments, stock frames and lenses and any items that might be of use to a Optometry school, a student or eye clinic. Instructions on how to proceed are available by going to the VOSH website (www.vosh.org) and click on Technology Transfer Program. The most desirable items that programs in developing countries need are: Trial lens kits, Battery powered hand scopes, Assorted Pliers and Optical Tools, Hand Stones for edging plastic lenses, uncut lenses (both SV and BF), Manual Lensometers, Phoropters, Lens Clocks, Color Vision Tests, Keratometers and Bio-microscopes. This list is certainly not complete but gives you an idea of some of the basic needs these developing programs can benefit from.

All items may be shipped directly to:
VOSH INTERNATIONAL
C/O VOSH-SE
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Ocala, Florida 34480
Assistance with shipping cost may be available through your local Rotary or Lions Clubs. Contact www.vosh.org with any questions or email dpvc@juno.com and/or voshinternational@comcast.net.

Classified Advertising Information

Effective the October 9, 2006 issue onwards, Classified advertising rates are as follows: 1 column inch = \$65 (40 words maximum) 2 column inches = \$115 (80 words maximum) 3 column inches = \$155 (120 words maximum). This includes the placement of your advertisement in the classified section of the AOA Member Web site for two weeks. An AOA box number charge is \$30.00 and includes mailing of responses. The envelope will be forwarded, unopened, to the party who placed the advertisement. Classifieds are not commissionable. All advertising copy must be received by e-mail at t.peppers@elsevier.com attention Traci Peppers, Classified Advertising. You can also mail the ads to Elsevier, 360 Park Avenue South, 9th floor, New York, NY 10010.

Advertisements may not be placed by telephone. Advertisements must be submitted at least 30 days preceding the publication. All ad placements must be confirmed by the AOA – do not assume your ad is running unless it has been confirmed. Cancellations and/or changes MUST be made prior to the closing date and must be made in writing and confirmed by the AOA. No phone cancellations will be accepted. Advertisements of a "personal" nature are not accepted. The AOA NEWS publishes 18 times per year (one issue only in January, June, July, August, November, and December, all other months, two issues.) and posting on the Web site will coincide with the AOA NEWS publication dates. Call Traci Peppers – Elsevier ad sales contact – at 212.633.3766 for advertising rates for all classifieds and showcase ads.



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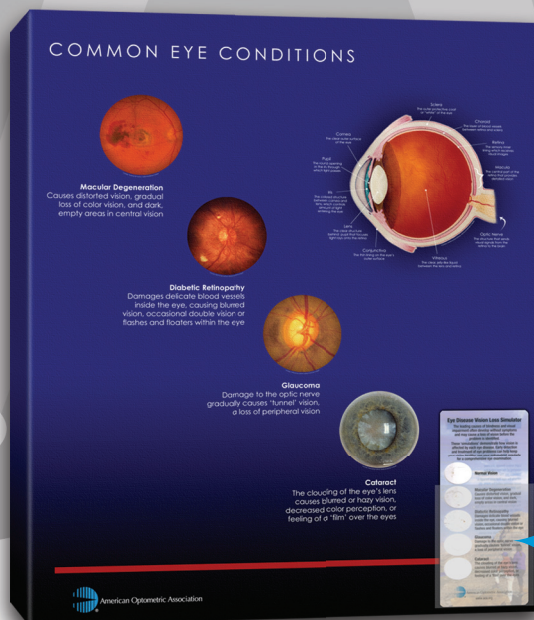


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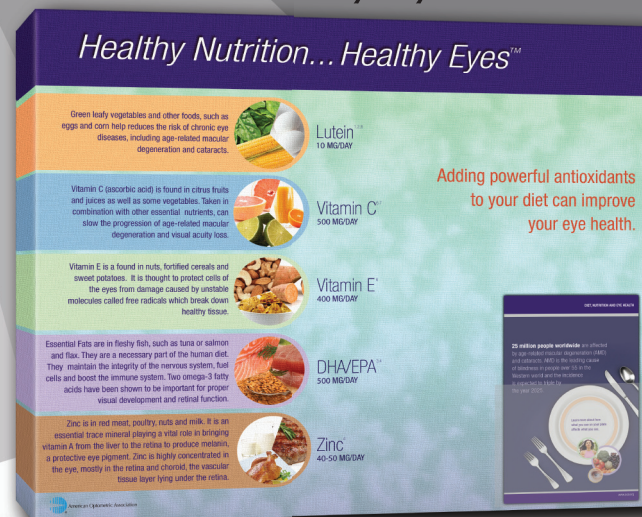


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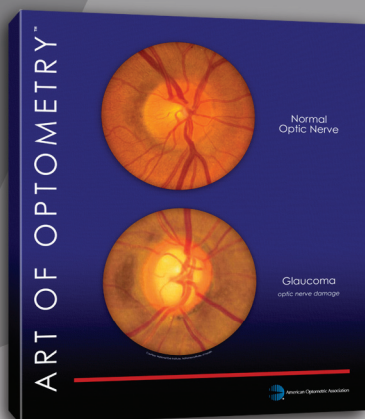
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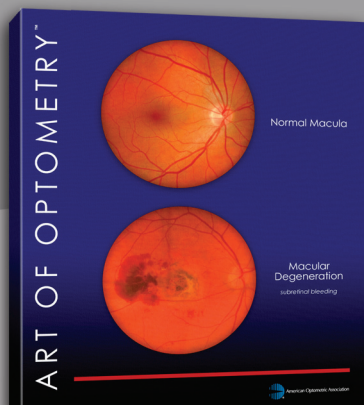
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The Art of Optometry

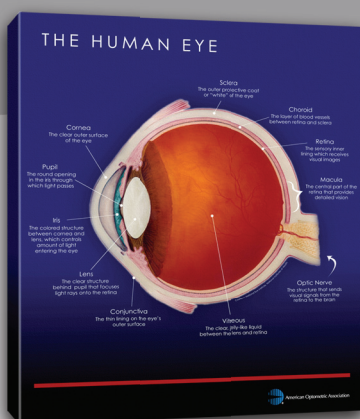
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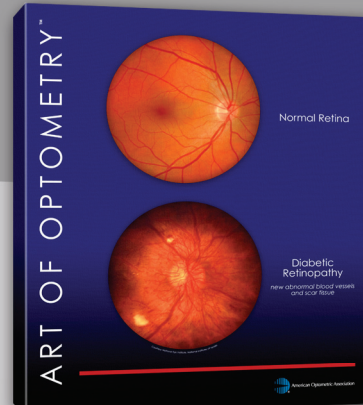
GP-5 Glaucoma



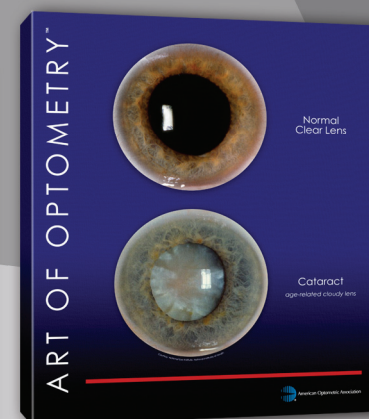
GP-6 Macular Degeneration



GP-9 The Human Eye



GP-7 Diabetic Retinopathy



GP-8 Cataract

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*AIR OPTIX® NIGHT & DAY® AQUA (lotrafilcon A) contact lenses: Dk/t = 175 @ -3.00D. Other factors may impact eye health. **Extended wear for up to 30 continuous nights, as approved by an eye care practitioner. Important information for AIR OPTIX® NIGHT & DAY® AQUA (lotrafilcon A) contact lenses: AIR OPTIX® NIGHT & DAY® AQUA contact lenses are indicated for vision correction for daily wear (worn only while awake) or extended wear (worn while awake and asleep) for up to 30 nights. Relevant Warnings: A corneal ulcer may develop rapidly and cause eye pain, redness or blurry vision as it progresses. If left untreated, a scar, and in rare cases loss of vision, may result. The risk of serious problems is greater for extended wear vs. daily wear and smoking increases this risk. A one-year post-market study found 0.18% (18 out of 10,000) of wearers developed a severe corneal infection, with 0.04% (4 out of 10,000) of wearers experiencing a permanent reduction in vision by two or more rows of letters on an eye chart. Relevant Precautions: Not everyone can wear for 30 nights. Approximately 80% of wearers can wear the lenses for extended wear. About two-thirds of wearers achieve the full 30 nights continuous wear. Side Effects: In clinical trials, approximately 3-5% of wearers experience at least one episode of infiltrative keratitis, a localized inflammation of the cornea which may be accompanied by mild to severe pain and may require the use of antibiotic eye drops for up to one week. Other less serious side effects were conjunctivitis, lid irritation or lens discomfort including dryness, mild burning or stinging. Contraindications: Contact lenses should not be worn if you have: eye infection or inflammation (redness and/or swelling); eye disease, injury or dryness that interferes with contact lens wear; systemic disease that may be affected by or impact lens wear; certain allergic conditions or using certain medications (ex. some eye medications). Additional Information: Lenses should be replaced every month. If removed before then, lenses should be cleaned and disinfected before wearing again. Always follow the eye care professional's recommended lens wear, care and replacement schedule. Consult package insert for complete information, available without charge from CIBA VISION® at (800) 241-5999 or mycibavision.com.

References: 1. CIBA VISION data on file, 2009. 2. Based on the ratio of lens oxygen transmissibilities; CIBA VISION data on file, 2009, 2010. 3. In a survey of 203 optometrists in the U.S.; CIBA VISION data on file, 2011.

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